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ORIGINAL COMMUNICATIONS.

96 *South Eleventh street,* }  
*November 13th, 1845.* }

DEAR SIR,—You have asked me to give you some account of the facilities afforded at the present time for studying medicine in Paris; my best way of informing you upon this subject, is to give you a brief account of the twelve months which I have recently spent there myself.

The medical student in Paris begins the day at a hospital. Although by a rule of the "Bureau Central" the professors are required to commence their visits at six o'clock, A. M., in summer, and at seven o'clock, A. M., in winter, few of them are at their posts before eight o'clock.

Velpeau, who is the most popular surgeon in Paris, has generally a class of from twenty to fifty students, who follow him through the wards; he is from an hour to an hour and a half in making his visit. Velpeau says very little at the bedside; he there questions the patient, and examines his disease, but reserves all remarks for his lecture, which takes place immediately after the visit, in a small room adjoining his wards.

Owing to the number who follow this surgeon, it is impossible for many to receive much instruction during the *visit*, and this must be at the expense of a degree of pushing and scrambling which I have never seen practised at any hospital in this country.

Velpeau delivers his lecture with great distinctness, and for this reason American students are first taken to his wards by their countrymen. He begins by an account of those patients who have left the wards; he then speaks of the arrivals, and afterwards of any disease which may suggest itself, and finally of any operation or operations which he is about to perform. His operations always take place after the lecture. At ten o'clock he has finished his duties at the hospital. He gives a lecture at La Charité every day except Thursday.

Chomel, who stands in the first rank among the physicians, lectures three times a week at Hôtel Dieu, from November until April. During the remainder of the year Rostan has his chair. Both of these, but especially the latter, make many observations at the bedside, and their visits and lectures are exceedingly instructive; but the crowd is always a drawback. Besides these there are a number of other lecturers at various hospitals; Lisfranc and Berard, surgeons at la Pitié, and Piorry, a physician, at that hospital. Gibert and Devergie on diseases of the skin, at Saint Louis; Trousseau on the diseases of children, at Necker; Civiale on calculous affections at the same hospital; and Ricord at Midi, &c. &c. All of these say much at the bedside, and a great deal of information may be obtained at their clinics; but some of the lecturers waste their time, and that of their hearers, by abusing each other. Lisfranc, for example, never misses an occasion to express his antipathy for, and to ridicule Velpeau, for which the latter frequently retaliates.

When the morning lectures are out, (i. e. about 10½ o'clock) the students breakfast at one of the cafés in the neighbourhood of the hospitals; after this, those who are studying the rudiments of medicine go to the school; but this institution is very little frequented by Americans, who generally devote themselves to clinical studies. Between eleven and four o'clock, a number of private courses are given upon various medical subjects, some of them by agrégés of the faculty. These are held in different places, generally in the neighbourhood of the school. I will give you a list of those which I attended. Cazeaux on obstetrics, Sichel on the diseases of the eye, Desmanes on the same, Barth on pathological anatomy, Louget on the nervous system and on vivisections, and Ripbail on bandaging. But the great attraction which Paris formerly held out was the afternoon courses. Some of the internes at the hospitals were men of much experience, and of very industrious habits, and they enjoyed opportunities for studying the interesting cases which were withheld from persons not connected with the hospital. It was the custom for some of these internes to form a class of five or six foreigners, and pay a visit to the wards during the afternoon. An opportunity was

thus afforded for any one to examine the cases at leisure, and practice himself in diagnosis, while the interne recapitulated any observations which the professor had made, and added any others with which his experience furnished him. But unfortunately all this is at an end. Last January, Orfila, the Dean of the Faculty, and the managers of the hospitals, put a stop to these private courses. The reason assigned for this was, that such repeated examination was injurious and cruel to the patients. But those internes who were engaged in the business said that the real opposition was on the part of their fellow internes, and arose from their jealousy.

While I was in Paris, I took one course on auscultation at Beaujon, in the service of Louis; two on surgery at La Charité, in the service of Velpeau; and two at this hospital, in Rayer's service. Besides these I had a course on the diseases of the skin at Saint Louis, in the service of Devergie; one at the Children's Hospital, in the service of Baudeloque; and one at St. Lazarre, on syphilis in women, and the exploration of the diseases of the neck of the uterus, by means of the speculum, and their treatment. St. Lazarre is not only a prison, but also an infirmary for those women who have venereal affections, but who are not on the register of the police.

These afternoon lectures ceased last January, much to the regret of all the foreigners, and if this privilege be not again granted, Paris has in my opinion lost its great charm for the American student.

I must recur again to the lectures in the middle of the day, to say that there are some subjects of which the professors make a speciality, which are not taught to any great extent in this country, viz.: The minute anatomy of the nervous system, and vivisections by Louget; pathological anatomy by Barth, and the diseases of the eye by Sichel, Desmanes, &c. &c. I must add the *touch* as applied to obstetric cases, and taught publicly by Dubois and Cazeaux. I omitted to say in the proper place that a large class followed Dubois in his visits to the wards of the "Clinique" of the school of medicine; and that the whole operation of labour and delivery may be witnessed by as many students as have tickets of admission to the clinique. These may be obtained by showing a diploma. The first four students who arrive in the delivery ward after labour begins, have the privilege of conducting the labour, in which no attempt is made to avoid exposure.

I have swelled this letter to a length which I never intended; but I cannot close without saying something about dissecting. All dissections in Paris are carried on in two places; the *Ecole Pratique*, which is close to the school, and Clamart, about two miles distant. The latter is probably the largest, clean-



est, and best ventilated establishment of the kind in the world. The price of subjects varies with the season, but is generally from two to five francs. Lectures upon operations take place, and students may practice operating after the 1st of April; but this is forbidden before that time.

Whilst I was there I passed three months in the cabinet of the prosector to the faculty, M. Richet; I employed two of these in dissecting, and the other in operations. Any other information which I have upon these matters is freely yours.

With much esteem I remain, &c.,

ALEXANDER WILCOCKS.

PROF. R. M. HUSTON.

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*Extract of a Letter from DR. WILLIAM B. DIVER to PROFESSOR DUNGLISON, dated Cincinnati, Oct. 25th, 1845.*

DEAR SIR,—This morning my attention was directed by one of my pupils in the dissecting room, to a peculiar abnormal position of one of the kidneys in a subject brought for dissection.

The kidney, which should have been found in the left lumbar region, was situate in the pelvis, immediately below the promontory of the sacrum. It was much smaller than the kidney of the right side, and derived its artery from the common iliac of the *right side*, about half an inch below the bifurcation. A deep sulcus was formed upon its surface for the passage of the renal artery. The convexity looked upwards, and the pelvis was much distended, owing perhaps to the gravitation of the urine. The distribution of the renal artery is very remarkable in this case, arising as it does from the common iliac of the *right side*. Another peculiarity in the distribution of the branches of the abdominal aorta was, an arterial branch corresponding nearly in its origin to the inferior mesenteric, but which took a course along the lumbar vertebra without giving off any branches until it dipped down behind the bladder. This malposition of the kidney was witnessed by several physicians of the city, and, I presume, is not devoid of interest to you as a physiologist and a public teacher. I was consulted at the Northern Dispensary by an old man respecting his oldest daughter, an unmarried person, who had attained the age of 43 without menstruating. At that time the menses appeared with great disturbance of the general health.

Since I last wrote you I have used the emplastrum iod. in a case of lymphatic tumour of the neck unconnected with scrofulous diathesis, with perfect success; and in a case of indurated mammae following abortion in the fifth month, with entire satisfaction.



*A Case of Typhoid Fever, in which the Hydriodate of Potassa was successfully administered.* By C. B. VOIGT, M. D.

This case occurred in the month of June of the present year. The subject was a young man, 27 years of age, of the refractory constitution, fair ordinary health, and accustomed to a laborious occupation. The symptoms, when he came under my notice, were headache, suffused eyes, a dull or stupid countenance, somnolency, flushed and heated surface, and a full, irritated and frequent pulse. The tongue was contracted, reddened, and coated with a dark brown fur. There was considerable sensitiveness of surface, apparently neuralgic, over the right hypochondrium; tenderness on pressure in the right iliac region; and a diarrhœa of thin and frequent evacuations. The latter continued through the whole course of the disease, and, together with the local tenderness and other symptoms, led to the suspicion that not mere enteric irritation, but, probably, follicular inflammation, was also an attendant feature of this case.

Towards the evening of the seventh day of the attack, the hydriodate of potassa was prescribed, with a view to its tonic and alterative properties. At this time the strength of the patient was seriously reduced: he was still somnolent and delirious. The diarrhœa, though somewhat diminished, was not entirely overcome; and the tongue was still contracted, red and furred. Some tenderness to pressure still existed in the right iliac region. (For this he had been cupped in an earlier part of the treatment.) And there were a few small vesicles on the upper lip. As exhaustion was impending, and fearing a farther loss of strength, I directed ℥ij of the hydriodate of potassa in four ounces of mucilage, of which two teaspoonsful were to be given every three hours. Three drops of laudanum were added to each dose of the medicine, in reference to the diarrhœa, and in place of a chalk mixture, containing gentle anodynes and a small quantity of the bals. copaiba, previously in use.

By the time I saw him next morning he had taken four doses of this medicine, and I found him highly improved, although the diarrhœa was freer than on the evening previous. His fever now was slight: he was stronger; and somnolency, stupor and delirium had disappeared. His tongue was fuller and improved in colour, and the eruption about the mouth presented a new aspect. In addition to the soreness on the upper lip, to which it was at first confined, it now extended from the angle of the mouth in a semicircular form to the corner of the nose, and in the course of the day assumed an appearance resembling the eruption of small pox when about to become pustular. The chalk mixture was again resumed, and a teaspoonful of the hy-

driodate medicine allowed every four hours. At noon of this day—the eighth of the attack—fever had entirely subsided; and on the evening of the ninth, the patient being well enough, he was discharged from further medical treatment.

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### BIBLIOGRAPHICAL NOTICES.

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*Essays on Pathology and Therapeutics, being the substance of a Course of Lectures delivered by* SAMUEL HENRY DICKSON, M.D. Professor of the Institutes and Practice of Medicine in the Medical College of the State of South Carolina. 2 vols. oct. pp. 588, 651. Charleston, McCarter and Allen. 1845.

The size of this work, although but *the substance* of Dr. Dickson's Lectures, shows that the class to which his instruction was given enjoyed a pretty full view of that branch of medicine to which the learned and eloquent professor directed their attention. It is now welcomed by the profession, the intelligent members of which desire to see in one systematic work, the southern theory and practice of medicine. It is the more welcome because Professor Dickson, by position, educational advantages, and a constant intercourse with the profession in the South, enjoys unusual opportunities of making original observations, and of learning the common and accredited sentiment of southern physicians. It is, therefore, to us a subject of regret that we are restricted by the work for which we now write, to a mere notice; since such a survey and analysis as the book merits, would extend far beyond the limits of a monthly periodical. We shall, therefore, be excused by our readers for confining our observations to those parts of the work which possess the greatest originality, and on which the author has himself bestowed the most elaborate attention.

The work is divided into two parts. The first ten chapters treat of general subjects, such as causes of disease, Malaria, Contagion, Endemics, Epidemics, &c., while the great remainder of the book is devoted to special diseases or the "Practice of Physic." Every one who reads at all, must be aware of the great difficulty of treat-



ing well the subject of the first division of the work, since, on almost every question, there exist not only conflicting theories, but apparently contradictory facts. It is scarcely, therefore, matter of surprise that we should find in this part of the book much to receive our assent, and some things which seems to us rather paradoxical or illogical. The conclusiveness of the author's decisions in disputable matters, so necessary to the teacher, seem scarcely defensible in the writer; but is to be excused, since to avoid it would have demanded a re-formation of the whole work.

To the same circumstance we owe the loss of much very recent information, which could not be easily interwoven with the text of essays finished originally with care and skill. For example, Professor D. observes, in treating of malaria, that "Chemists have examined, with the most minute care, the constituents of the morbid atmospheres in which it has been supposed to abound." \* \* \* "Neither by eudiometrical applications nor by the most perfect analysis can any additional ingredient of a gaseous nature, either in a state of mere mixture, or chemical combination, be detected in such air." The detection of sulphuretted products in marsh air by Daniel and Gardiner, and the discovery of azotized substances in marsh mists by M. Julia and others, are entirely overlooked.

The unquestionable position of the instructor has led to another occasional, though rare error, a careless quotation, or a misapprehension. Thus, for example, it is stated, vol. i. p. 58, that, "it is not during the rains that the malignant fevers of Africa arise"—whilst we know that the opposite is the fact, for the "Coast Fever" begins with the rains, and only ceases when the rainy season is over. Again: "We find the intensity or malignity of the diseases produced by it, (malaria), very directly proportioned to the degree and permanency of the heat of the locality affected. Thus in low latitudes, besides the terrible forms of pestilence just mentioned, (yellow fever and plague,) we have," &c. Again—"Like the plague, yellow fever belongs only to the heat of summer, and is extinguished by frost." Now almost every physician knows that yellow fever is most malignant in its most northern or coldest limits, and that the heat of June puts an end to the plague, so soon as the temperature transcends a given point.

We feel regret that so able a reasoner should not have noticed, in his felicitous way, the curious subject of the epidemic *cycle* of

endemics. In this part of the American continent, malarial disease has been peculiarly extensive and severe, nearly every 20 years. Intermittents prevailed from 1801 to 1805—from 1820 to 1826—and in 1843 began to appear symptoms of the epidemic extensibility, which is severely felt in this 1845.

Despite such objections, we feel assured that no one can read the chapter on Malaria without both pleasure and profit.

The chapter on Contagion, learned and ingenious as it unquestionably is, will be esteemed by most readers of the present day as too bold in its general assertions. We cannot help thinking our author wrong in attributing to contagious matter the power of general and wide atmospheric diffusion, to which he appears to ascribe the epidemic extension of diseases ordinarily contagious. The experiments of rigid observers have demonstrated that even small pox is incapable of exerting its contagious powers beyond five or six feet, and that typhus fever has a still more limited sphere of infectious action. How then are we to believe that the measureless waste of air can be sometimes a mighty *fomes*. In the age of Sydenham, no one believed in the propagation of even small pox by contagion from man to man; now we are told that “all the febrile contagions, except vaccine, are capable of being thus (atmospherically) propagated—hence they may be styled diffusive or epidemic.”

The chapter on “Seats of Diseases,” abounds in knowledge and good sense, and shows that the author has, amidst fluctuating opinions and brilliant novelties, maintained a prudently eclectic position, a position now most necessary and yet almost impracticable, for the instructor. The very want of time to present every thing new and old to the learner, enforces an eclectic effort; but in making a selection, a bias is almost inevitable, and will be favourable or unfavourable to novelties, according to the warmth, or caution of the person who selects. Dr. Dickson, always a moderate humoralist, but by no means disposed to deny the influence of the solids in disease, is now, through the extravagance of recent humoralism, apparently an antagonist of his own system. To this condition must all prudent men come at last, in this age of sudden transitions and startling theories. Throughout this chapter we observe the habitual and salutary tendency to sift knowledge new and old, and to retain that which is profitable in both. Our author recommends statistical analysis, but admits that it “may be pushed too far, but it



would be worse than idle to deny its very great utility." He also exposes the *undue* pretension of pathological anatomy, while he recommends its diligent cultivation. It will not teach us every thing, nor should it occupy us exclusively, but it is among the eminently useful means of knowledge.

We wish we could follow into more detail the course of our judicious author, in the general department of his work, since we believe few things would as much improve or gratify the readers of the Examiner; but time and space forbid us. It remains for us to notice briefly the learned Professor's views of remittent and yellow fevers, dengue, milk sickness, and one or two other complaints, on which his position, as well as his perspicacity and general authority, announce him as eminently a judge.

A hasty review of the theories of fever, brings our author to the admission that as yet too little is known of its efficient or proximate causes. He inclines to the belief that all fevers originate in some local irritation, but that we are far from being sure that the cause of fever affects exclusively the solids in the first instance. "Admitting the solids to be primarily affected, we do not know on which of them the first impression is made," "we do not know the nature of the primary impression, whether it be sedative or stimulating." "I repeat then my accordance in the ancient belief of the existence of a class of fevers properly contradistinguished as Idiopathic." (Vol. 1, p. 247.)

We have ever believed that conjectural medicine has done enormous mischief, by misdirecting inquiry, and misleading practice, and therefore decline the full expression of our dissent to the doctrine of our author, derived from arguments adduced by opposing theorists. It is enough to say that the observable or appreciable phenomena of fevers of any kind, are so distant from the unobserved initial processes, as to defy, at least now, the perspicacity of any philosopher. What is it that passes, in the frame of one who has received a variolous taint, antecedently to the access of a violent attack? And yet, for nine or ten, or even fifteen days, the poison is producing an unobserved suite of changes, no doubt momentous enough, if we knew how to detect it. So is it with other fevers, of all kinds, the causes of which, together with a prolonged chain of conse-

quences, are latent, some of them at least, for very extended periods of time.

Since we know so little of the causes of fever, it would scarcely be profitable to follow the professor into his views of the sedative or stimulant nature of them.

The vexed question of the *jugulation* of fevers, is handled after the American manner, the "go-ahead and doubt not" method; so that Professor Dickson arranges himself with the mass of his countrymen, from Rush to Cooke, in the belief that fevers are susceptible of a sudden and total interruption by a judicious and vigorous practice. We profess to belong neither to the *expectants* nor the *heroics*. Fevers are sometimes interrupted by medicine, but usually the physician can only palliate, and conduct the disease to a safe termination. It is true that periodical fevers may be wonderfully suspended, and remittents now and then converted into intermittents, or conducted, in the remission, to a complete solution; but continued fevers present no good opening for the administration of the potent drug so felicitously applicable to the others, and such fevers are, so far as we know, never "jugulated."

As we ourselves incline to the rejection of critical days, we are pleased to find our author on the same side. In his mild and equable climate, rife with periodic diseases, the evidence for or against this ancient doctrine is readily obtained, and yet Professor Dickson declares that "to the mass of negative testimony on the subject, I must add my own, having failed entirely to satisfy myself of the influence of critical days, in the fevers of our climate."

An important remark is made on the greater frequency in South Carolina of the lesion of the gastro-intestinal surface in fevers,—our endemics being in this respect in singular contrast with English fevers, in which the cerebral and thoracic affections predominate largely.

We observe little that is original, but much that is judicious in the theory and practice in intermittents. The suggestion of the use of the cold bath in the hot stage, and of a combination of sulph. of quinia and sulphur in the intermission, is worthy of attention. Our author uses the cold bath not only in this but in most fevers, in which the strength of the patient does not forbid



the exertion. To our minds, simple aspersion or affusion seems to answer every useful purpose, without being either so fatiguing or so hazardous as immersion.

Among the curiosities of the Museum of the College at Charleston, is a preparation of a *penis*, which became enlarged by congestion during the course of a prolonged intermittent, and assumed nearly that condition to which in similar cases the spleen is subjected. We regret that Professor Dickson did not state whether or not the congestion of the genital organ was at first paroxysmal, or suffered a gradual change.

Regret must be felt that our author does not touch the subject of congestive and algid intermittents, especially as we should like to have our Americanism gratified by a notice of the labours of Dr. Parry, of Indianapolis, and others of our countrymen, on this interesting subject.

The most important disease of the South, denominated by our author bilious remittent fever, is treated of, as it should be, copiously and minutely. Its causation is alleged to be solely an ærial miasm, the product of vegetable decomposition, a position by no means very defensible in the present state of knowledge on that subject. The books on marsh fevers abound in examples of decomposition without fevers, and of fevers without decomposition. Indeed, the profession at large is no longer generally favourable to the theory of *Lancisi*,—since it is known that the most malignant fevers prevail in the high and dry *Maremma*, while such diseases are almost unknown in the rich, wet, sunny plains of Brazil, and the hot luxuriant glades and stagnant marshes of Singapore. The letters of Mr. Peale and others, published by Prof. Dunglison in the pages of this journal, are extraordinary evidence of the uncertainty of our knowledge on this subject.

The remittent is the “*seasoning fever*,” or acclimation of strangers, and the “*country fever*” of the inhabitants of Charleston. It is the scourge of all the low country of the South, a complete *taboo* to the residence of the white population upon rice and sugar and cotton plantations, during the summer season.

Among the symptoms of remittent fever, so well and so compactly described, we find two, which have been often esteemed almost peculiar to yellow fever; we mean the soft and swollen tongue, with its impressions received from the teeth; and an

acute pain in the calves of the legs. We also notice, as somewhat peculiar, the remark that the Carolinian remittents, in the similar exacerbations of alternate, and the dissimilar ones of consecutive days, offer a very notable analogy to double tertians. They preserve throughout, in many cases, the particular complications of the kindred exacerbations; the head being most severely affected on the first, third and fifth days, the stomach or bowels, on the second, fourth and sixth. Even triple tertians are thus also closely followed.

The mortality of remittent fever in its usual form is much less than could be anticipated from the history of its symptoms. The deaths average in Charleston about 1 in 30; and for two years in the practice of our author, 1 in 52 nearly,—a proportional loss which must appear miraculous to those who denounce the mercurial treatment as criminally destructive. The character for truthfulness of the Professor, entitles him to implicit credit, both when he proclaims his method and asserts his success. The rate of mortality in congestive and dysenteric cases is higher, but these occur so rarely as not to influence much the result of general tables. In common cases, death arrives on, from the seventh to the eighteenth day; in those which pass into the typhoid state, the patients often linger for weeks, whilst those which become congestive or severely dysenteric, terminate in from three to ten or twelve days.

We do not remember to have seen elsewhere the judicious remark that anticipating exacerbations are unfavourable, and retarding ones favourable prognostics, whilst we are unprepared to admit that in any case of remittent fever "*follicular ulceration may be found throughout the whole extent of the bowels; nay, we doubt its occurrence even within its usual typhoid limits, in the southern remittents.*"

We are not a little pleased with the treatment of our author, who combines courage with caution, who is not afraid to do enough, but is careful not to do too much. The knowing when to stop is as essential to the able physician, as to the finished orator. We are not however entirely satisfied with some points of practice laid down by the Professor. We think him a little behind the age in his cautionary monition respecting the use of quinia in remissions, and we cannot get entirely over our fear of



the consequences of the cold dash and plunging bath so boldly urged in such cases.

In the typhoid state of remittents, Professor Dickson uses nitrate of silver beneficially he thinks. We have for several years urged upon the attention of our class the same remedy in the typhoid or entero-mesenteric fever, and believe that no other remedy exercises an equal control. We are therefore prepared to believe at once the favourable report of it here given. Remedies of this class seem to be attracting attention elsewhere; and Dobler, of Vienna, in a very recent paper declares, that in a certain typhoid epidemic, he found *alum* the only useful remedy, in any case, and at all stages.

Our limits, we are sorry to perceive, do not permit us to notice in farther detail, the excellent book of our author. We see ahead of us much to praise, something to blame, and a little to dispute. But as we must now take leave of Professor Dickson, we do it with less reluctance, because we hope to find at some other time a *caption* under which to present him and his useful labours to the readers of the Examiner. We cannot leave him, however, without thanks for the excellent arrangement, perspicuous language and manly propriety of his acceptable work,—for which, were we to designate it by a single epithet, we should choose the word *judicious*. M.

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*Urinary Deposites, their Diagnosis, Pathology, and Therapeutical indications.* By GOLDING BIRD, A. M., M. D., Assistant Physician to, and Lecturer on Materia Medica at, Guy's Hospital, etc. etc. etc. 8vo. pp. 227. Lea & Blanchard—Philadelphia, 1845.

This is a reprint of the London Edition, without being "*revised with additions*," and is presented to the reader in good clear type and white paper—which is a good deal to say to those whose reading must be accomplished by lamp-light and the aid of "artificial eyes."

Two or three years ago, several lectures on the diagnosis and pathology of urinary sediments, delivered to the pupils of Guy's Hospital by the author, were published in the London Medical

Gazette, and attracted considerable attention at the time by the careful observation and elaborate research which they displayed. Since then, the subject has been further investigated, and is now much extended. The whole subject has been nearly re-written, and the work is placed by the author before the profession as the result of many years' close observation, in the field of public experience which he has had at his command.

Although in this work Dr. Bird has limited his observations to the *deposits* which occur in the urine, and consequently has not included all the conditions of that secretion found in disease, he has nevertheless presented us with a very large amount of useful information on a subject which it is not unjust to say the profession always have been, and probably continue to be, quite uninformed. To those who desire to be better acquainted with the indications of disease presented in the urine, the present volume must prove acceptable.

The body of the work consists of *eleven* chapters, as follows:

1. Physiological origin and physical properties of the urine.
2. Chemical physiology of the urine.
3. Chemical pathology of uric acid and its combinations.
4. Chemical pathology of uric oxide.
5. Chemical pathology of purpurine.
6. Chemical pathology of cystine.
7. Chemical pathology of oxalate of lime, (oxaluria.)
8. Chemical pathology of the earthy salts.
9. Deposits of black or blue colouring matters.
10. General pathology of non-crystalline organic, and organized deposits.
11. Therapeutical employment of remedies influencing the kidneys.

That our readers may be able to judge of the character and style of the work, we shall present a few extracts on points sufficiently isolated and distinct to be understood, although separated from their proper connection.

In his "introductory remarks on the clinical examination of urine," we have the following directions:

*"A.—Urine without any visible deposit.*

A piece of litmus paper should be immersed in the urine, which, if acid, will change the blue colour of the paper to red. Should no change occur, a piece of reddened litmus paper must be dipped in, and if the secretion be alkaline, its blue color will be restored; but if no change occur, the urine is neutral.



Some of the urine should then be gently heated in a polished metallic spoon over a candle, or what is preferable, in a test-tube over a spirit-lamp, and if a white deposit occurs, albumen or earthy phosphates are present; the former, if a drop of nitric acid does not redissolve the deposit, the latter if it does.

If the urine be very highly colored, and undergoes no change by boiling, the colouring matters of bile, blood, or purpurine are present. To determine which, pour a thin layer of urine on the back of a white plate, and allow a few drops of nitric acid to fall in the centre; an immediate and rapidly ending play of colours, from green to red, will occur, if bile, but no such change if purpurine alone exists. Should the highly-coloured urine alter in colour or transparency by heat, the presence of blood must be suspected.

If the addition of nitric acid to deep red urine, unaffected by heat, produces a brown deposit, an excess of uric acid exists. If the urine be pale, immerse the gravimeter, and if the specific gravity be below 1.012, an excess of water exists in the urine, but if above 1.025, the presence of sugar, or excess of urea is indicated. To determine which, place a few drops in a watch-glass, add an equal quantity of nitric acid, and allow the glass to float on some cold water; crystallisation of nitrate of urea will occur in two or three minutes, if the latter exists in excess. Should this change not occur, the urine must be examined specially for sugar, which, it must be remembered, may exist in small quantities, without raising the specific gravity of the fluid.

Should the urine be alkaline, add a drop of nitric acid; if a white deposit occurs, albumen is present; if brisk effervescence follows the addition of the acid, the urea has been converted into carbonate of ammonia.

#### *B.—Urine depositing a visible sediment.*

If the deposit is flocculent, easily diffused on agitation, and scanty, not disappearing on the addition of nitric acid, it is chiefly made up of healthy mucus, epithelium, or in women, an admixture of leucorrhœal discharge.

If the deposit is ropy and apparently viscid, add a drop of nitric acid; if it wholly or partly dissolves, it is composed of phosphates, if but slightly affected, of mucus. If the deposit falls like a creamy layer to the bottom of the vessel, the supernatant urine being coagulable by heat, it consists of pus.

If the deposit is white, it consists of urate of ammonia, phosphates, or cystine; the first disappears on heating the urine, the second on the addition of a drop of diluted nitric acid, whilst the

third dissolves in ammonia, and the urine generally evolves an odour of sweet-brier.

If the deposit be coloured, it consists of red particles of blood, uric acid, or urate of ammonia, stained with purpurine. If the first, the urine becomes opaque by heat; if the second, the deposit is in visible crystals; if the third, the deposit is amorphous, and dissolves on heating the fluid.

Oxalate of lime is often present diffused through urine, without forming a visible deposit; if this be suspected, a drop of the urine examined microscopically will detect the characteristic crystals.

Much of the little time required for the investigation thus sketched out, may be saved by remembering the following facts.

If the deposit be white, and the urine acid, it in the great majority of cases consists of urate of ammonia; but should it not disappear by heat, it is phosphatic.

If a deposit be of any colour inclining to yellow, drab, pink or red, it is almost sure to be urate of ammonia, unless visibly crystalline, in which case it consists of uric acid."

These directions are sufficiently full and precise to aid a beginner most essentially in commencing his observations on this subject.

The first chapter, on the "physiological origin and physical properties of urine," abounds with interesting facts and much ingenious reasoning, but the conclusions to which they arrive will hardly be attained by all who go over the same ground. Our author, without implicitly following in the footsteps of Liebig, will be found quite often enough ready to swear in the language of the master. Sometimes it has seemed to us that the explanations of phenomena by the great chemist are adopted not so much from a conviction of their correctness, as from inability to offer others more satisfactory. In this way the laws of chemistry, as observed in unorganized matter, are allowed to usurp the place of vital actions. We have not the time or the space to enter upon this argument, or to point out the many instances to which we conceive the remarks we have made are applicable. The following observations, however, are not obnoxious to this censure, and are so clear and elementary as to be readily comprehended and appreciated by every one.

"1. In availing himself of the phenomena presented by the urine



n disease, it is essential that the practitioner should not fall into the error of regarding a knowledge of the morbid condition of the secretion as alone essential in directing his treatment; nor must he commit the equally serious mistake of regarding every deviation from the natural conditions of the urine as constituting a disease *per se*. The only view that can be legitimately taken of such conditions is to regard them, not as constituting entities of morbid action, but as one of a series of pathological changes going on in the system, and more valuable than others as an index of disease, in consequence of the facility with which it is detected. Hence every abnormal state of the secretion in question should be regarded rather as an indication of some particular phase of morbid action, than as constituting the ailment itself.

It is true, that those pathological states of the urine accompanied by the formation of deposits, or gravel, as they are popularly termed, may, and do, frequently acquire so serious a character as to lead to the formation of the much-dreaded stone or calculus and thus have a claim, from their importance, to be regarded as definite and independent diseases. Still, both in their pathological and therapeutical relations, although frequently compelled, from the irritation they produce, to make the deposits or calculus primary objects of attention, yet we must never lose sight of the fact, that these are but effects not causes; the terminal links in a chain, of which it should be the endeavour of the physician to grasp the beginning.

2. In a physiological sense, the urine must be regarded as arising from three several sources, each acting alike in preserving the equilibrium of the delicately adjusted balance of the secreting functions of the body. The effects of copious aqueous potations in producing a free discharge of pale urine, at once indicates one source of the great bulk of the urinary secretion, and demonstrates one of the most important functions of the kidneys in their pumping off any excess of fluid which may enter the circulation. A second great duty of these organs is shown in the physical and chemical characters of their secretion after the digestion of food is completed. Here it is no uncommon circumstance to detect the presence of some traces of the elements of an imperfectly digested previous meal; and in unhealthy and irritable states of the digestive functions, to discover some abnormal constituent in the urine, arising from the primary malassimilation of the food. Of the former of these states, the peculiar odour and colour of the urine after the ingestion of asparagus and some other bodies affords an example; and a good illustration of the latter condition is met with in the copious elimination of oxalic acid from the blood shortly after a meal in cases of irritative dyspepsia.

Hence the kidneys have the duty of removing from the system any crude or indigested elements of the food which had been absorbed whilst traversing the small intestines and entered the circulating mass; and of excreting the often noxious results of imperfect or unhealthy assimilation. The third function performed by the kidney is its serving as an outlet to evolve from the animal organism those elements of the disorganisation of tissues which cannot serve any ulterior process in the economy, nor be got rid of by the lungs or skin. The disorganisation of tissues here alluded to, is a necessary result of the conditions for the growth and reparation of the body.

3. It is admitted by all, that during each moment of our existence, every atom of the frame is undergoing some change or other; the old matter is absorbed and thrown off by some of the excreting outlets of the body, and new matter is deposited from the blood to supply its place. The old and effete atoms of the animal structure are not excreted in the form of dead tissue, but their elements become re-arranged; one series of combinations thus produced, rich in nitrogen, is excreted by the kidneys, whilst the more highly carbonised products are called upon to perform, chiefly through the medium of the liver, an important office previous to their final elimination.

4. It is therefore necessary to recognise three distinct varieties of the urinary secretion in every case under investigation: Firstly, that passed some little time after drinking freely of fluids, generally pale, and of low specific gravity, (1.003—1.009) *urina potus*. Secondly, that secreted after the digestion of a full meal, varying much in physical characters and of considerable density, (1.020—1.028 or even 1.030,) *urina chyli vel cibi*. Thirdly, that secreted from the blood independently of the immediate stimulus of food and drink, as that passed after a night's rest, *urina sanguinis*; this is usually of average density, (1.015—1.025,) and presents in perfection the essential characters of urine."

In the chapter "on the therapeutical employment of remedies influencing the functions of the kidneys," our author lays down the following laws:

"Law 1st.—All therapeutical agents intended to reach the kidneys must either be in solution when administered, or capable of being dissolved in the fluids contained in the stomach or small intestines, after being swallowed.

"Law 2d.—Bodies intended to reach the kidneys, must, to insure their absorption, have their solutions so diluted as to be



of considerably lower density than either the liquor-sanguinis, or serum of blood (i. e. below 1.028.)”

The first law, if law it be, is in accordance with the views we have long entertained and publicly taught, and will hardly be objected to by any—it harmonizes with every day’s experience, and is neither novel nor difficult of comprehension. We cannot say, however, that we are prepared to adopt the *second*.

It is confessedly founded on the law of endosmose and exosmose—that double permeation takes place through living as well as dead animal membranes—that the serum of the blood must soak through the blood vessels to be replaced by the penetration of the medicated solution. This may be so, but where is the proof?

From the observations contained in this chapter, Dr. Bird has drawn the following practical conclusions; they seem to us to be less exceptionable than the source from whence they profess to be deduced.

“1. Whenever it is desirable to impregnate the urine with a salt, or to excite diuresis by a saline combination, it must be exhibited in solution, so diluted as to contain less than five per cent. of the remedy, or not more than about twenty-five grains in an ordinary draught. The absorption of the drug into the capillaries will be ensured by a copious draught of water, or any diluent, immediately after each dose.

2. When the urine contains purpurine, or other evidence of portal obstruction exist, the diuretics or other remedies employed should be preceded or accompanied by the administration of mild mercurials,—taraxacum, hydrochlorate of ammonia, or other cholitic remedies. By these means, or by local depletion, the portal vessels will be unloaded, and a free passage obtained to the general circulation.

3. In cases of valvular or other obstructions existing in the heart and large vessels, it is next to useless to endeavour to excite diuretic action, or appeal to the kidneys by remedies intended to be excreted by them. The best diuretics here will be found in whatever tends to diminish the congested state of the vascular system, and to moderate the action of the heart; as digitalis, colchicum, and other sedatives, with mild mercurials.

*A Manual of Auscultation and Percussion.* By M. BARTH, Agrégé to the Faculty of Medicine of Paris, &c. &c., and M. HENRY ROGER, Physician to the Bureau Central of the Parisian Hospitals, &c. &c. *Translated, with additions,* by FRANCIS G. SMITH, M. D., Lecturer on Physiology in the Philadelphia Medical Association, &c. &c. 12mo. pp. 160. Philadelphia, 1845.

The "Practical Treatise on Auscultation and Percussion" of Messrs. Barth and Roger is regarded in France as a standard vademecum for the medical student and practitioner. It is fuller, however, than is necessary; and therefore Dr. Smith has judiciously translated the *Resumé* to the second edition, which contains enough to be an excellent accompaniment and adjuvant to the practitioner; and is especially valuable to him, in consequence of its being divested of all unnecessary detail. We can recommend it as a good pocket instructor—*Taschenbuch*—which will never mislead. The translator is well fitted for this or any similar vocation. He is one of our best informed and most estimable physicians; highly valued by all who know him; and engaged in a career of usefulness, both as a practitioner, and an instructor in the "Philadelphia Medical Association," the lecturers in which are energetically and ably employed in teaching the different departments of medicine during the summer.

Dr. Smith has added many useful notes, which are well worthy the attention of observers.

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*A Practical Treatise on Diseases of the Sexual organs: adapted to popular and professional reading, and the exposition of Quackery, professional and otherwise.* By EDWARD H. DIXON, M. D., etc. etc. 12mo. pp. 260. Burgess & Stringer, New York, 1845.

This is one of the oddest little books we have met with for a long time. It professes to be "adapted to *popular* and *professional* reading;" and is evidently intended for the use of those classes of readers just in the order mentioned—if, indeed, it is expected the latter will read it at all, of which the author expresses the following doubts.—"Neither is it likely this volume



will be read by them, ('judicious practitioners') if perchance it should not be entirely condemned from opposition to popular instruction."—"The writer will only add, that though their (the profession's) approbation will be agreeable, their censure will not distress him."

Our opinion of the inutility of popular treatises on practical medicine has been freely expressed on former occasions, and whatever force there may be in the general objection, it becomes yet stronger, in our estimation, when the diseases which are the subjects of discussion in this publication constitute the text of the work. But whatever we may think on this point, there can be no difference of opinion in regard to the fling at the value of professional opinion contained in the last extract. The contempt which it expresses is sufficiently ridiculous, however, to save it from being reciprocated.

The author advocates the doctrine that gonorrhœa and syphilis may originate with individuals without infection; and that in cases, thus arising *de novo*, a specific virus may be secreted, capable of propagating the disease by inoculation or infection. Chancres, he affirms, in the early period, and even after the fifth day, may be cured at once by raising up the indurated parts and clipping them off with a curved scissors. Even in some cases when pain has been felt in the groin, showing the commencement of a bubo, this treatment has succeeded, he says, without the employment of constitutional or any other remedies.

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*The Anatomical Remembrancer; or Complete Pocket Anatomist: containing a concise description of the Bones, Ligaments, Muscles, and Viscera, &c. &c. From the Second London edition, revised. 18mo. pp. 245. Samuel S. & William Wood. New York, 1845.*

This is a small book, and of course a very brief treatise on so extensive a subject as anatomy; nevertheless it is a good one;—one of the best manuals on the subject in the English language.

Every part and tissue are mentioned—bones, muscles, ligaments, viscera, nerves, blood vessels and absorbents, and their proper

distribution, arrangement of the fasciæ, organs of sense and organs of generation. It is not intended or calculated to give a full and comprehensive account of anatomy, such as a student should have in mastering the subject, but it is well adapted, by the clearness and brevity of the account given under each head, to subserve the purposes of a *remembrancer*,—a work to be picked up in a hasty moment in order to recall to the mind the material points on which a student may desire to be refreshed, without the trouble of reading over a more elaborate treatise.

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## THE MEDICAL EXAMINER.

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PHILADELPHIA, DEC., 1845.

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THE NEW YORK MEDICAL AND SURGICAL REPORTER.

EDITED BY CLARKSON T. COLLINS, M. D., ETC.

This is a new candidate for professional favour, the chief object of which appears to be to report the doings at the Medical Institutions of New York, and especially at the dispensaries attached to the two schools. We have received the three first numbers, consisting in all of fifty-two pages octavo, or seventeen pages each, with a cover, and learn that it is to appear semi-monthly, that size.

From the brevity of the reports it would not seem to be so much the purpose of the Journal to illustrate the principles of pathology and therapeutics, as to chronicle the number and variety of cases, and names of the prescribers and operators at the several institutions.

The editor thinks that “a Medical Journal, established on the principles that ours is,—(the Reporter)—occupying an entire [entirely] new field, to be made up of American practice mostly, must and will succeed;” and “trusts that every American citizen connected with the Medical Profession in any way, or every one taking an interest in it, will feel a *national pride* in sustaining our [his] Journal!” The editor talks largely of the advantages of the “NATIONAL EMPORIUM”[?]; speaks



of "the Journals of *our neighbors* on the other side of the Atlantic"! says "there never was, perhaps, so little interest taken in American Medical Journals, as at the present time." "But," he remarks, "we hope such will not be the case much longer." Well, if it be true that "so little interest is taken in American Medical Journals at the present time," we shall rejoice, and we think our "brethren in the trade" will join us, that an Ajax has entered the field. Freely will we accord to him the arms of some former Achilles, if peradventure we may discover the lion's skin!

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#### MEDICAL CLASSES IN PHILADELPHIA.

We are no admirers of vain boasting, nor are we much in the practice of assuming the garb of the prophet, but, judging from the indications around us at the time, we ventured in our last number to express the belief that the number of Medical Students in Philadelphia would be greater the present winter than on any former occasion. What was prophecy then is history now. We constantly hear it said by physicians who go round to the different schools that there cannot be less than a thousand or eleven hundred students in attendance on the lectures. In the Jefferson Medical College, at the earliest period of the course, it was deemed advisable to enlarge the accommodations, and accordingly, additional seats were erected in each of the lecture rooms, and events have shown that the precaution was necessary, for every place is occupied.

The November number of the Western Journal speaks of the prospect of a large class at the Louisville Medical Institute also the present season,

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#### CLINICAL INSTRUCTION.

The number of young physicians who resort to Paris to complete their medical studies, and the exaggerated accounts which are occasionally circulated of the great facilities there afforded for acquiring clinical instruction, has induced us to ask of Dr. Wilcocks, who has recently returned from Europe, an account of the institutions in that city most resorted to by students at the present time, and the manner in which the business is conducted. To this request he has kindly responded in the communication inserted on another page. It will be seen from that communication that the Dean of the Faculty, (Orfila) has issued an order which must very materially diminish the

inducements heretofore presented by the French hospitals to students seeking instruction in practical medicine and surgery. It also appears that in other respects than that to which we have alluded, clinical instruction at Paris is conducted now just as it was twenty or thirty years ago, and is exactly the same as at the Pennsylvania Hospital in this city. The great difficulty there is in every one seeing the patient and profiting by the remarks of the prescriber, in the wards of a hospital, is a serious drawback on its advantages when the class in attendance is large, as at some of the Parisian hospitals, as well as at the Pennsylvania Hospital, where the class is still larger. To obviate this difficulty, in some degree, the Medical Colleges of Philadelphia have found it necessary to establish general Dispensaries in connection with their respective institutions, the patients of which are operated on and prescribed for in their large amphitheatres, in the presence of all the students. At these clinics, as they are called, the students witness the examination of the cases, hear the questions of the prescriber and answers of the patient; and after the patient retires or is removed from the amphitheatre, the Professor lectures on the case. That this is the best arrangement under the circumstances we have no doubt, and that the students find it conducive to their instruction is manifest from the fact that they are eagerly attended, day after day, by nearly a thousand of the pupils of the schools, besides physicians of the city.

The New York Medical Intelligencer contains some very appropriate observations on the subject of clinical instruction, extracted from an address by Dr. Corrigan, of Dublin, to which the editor appends the following remarks on the opportunities for hospital instruction afforded by the city of New York:

"These observations of Dr. Corrigan cannot be too strongly impressed on the minds of students of medicine. The advantages which the practice of a large hospital is capable of affording them, after two or three years' study of Anatomy, Physiology, and the other preliminary branches of a medical education, are incalculable. It is impossible to exaggerate, or overrate their value, and it is much to be regretted that there are not more facilities for obtaining them in connection with the various medical schools which have been established throughout the country. In New York we have two excellent Medical Colleges, each directed by professors of eminence and distinction, while we have only one hospital, and that not in any way connected with the teachers in either of the schools; for us to take any pains to show how much more interesting and efficacious the instructions of the Professors of Medicine and of Surgery would be, could they refer from time to time to cases under their care in



the hospital, as practical illustrations of the doctrines they were desirous of enforcing, would be entirely superfluous. That this ought to be the case is self-evident. That it is not so requires no comment of ours, but we call upon the influential members of the profession who have its interests at heart, to use whatever power and authority they may possess to remedy a defect of so much importance, not only to the students of medicine, and to the character of the profession of which they are soon to become members, but also to the community at large, for the relief of whose ailments the profession itself has been called into existence. We are far from wishing to disparage in the slightest degree the talents and services of the present officers of the New York Hospital, but only regret that these have not been made available for the purposes of medical instruction. The primary purpose of the foundation of hospitals is, no doubt, for the relief of suffering humanity in the persons of the inmates; but we believe it is now universally conceded that such relief is not only perfectly compatible with a large amount of clinical instruction, but that its character is thereby elevated, and greater attention to the wants and comforts of the sick is thereby collaterally secured. It seems therefore in every way desirable that the Physicians and Surgeons of the Hospital should also be public instructors, whose services should be remunerated according to what would be, after all, the fairest test of their usefulness, the number of students that followed in their train, and attended their lectures. We think it important that they should be well paid for such services, for in the first place, students, generally, have no claim on them for gratuitous instruction; and in the second, it would be unreasonable to expect that men of eminence should devote so much of their time as is necessary fully to develop the resources of hospital practice, without adequate remuneration, and to the manifest neglect of their other more profitable engagements.

But even if all this were accomplished, and the Professors of Medicine and Surgery of one of the medical schools were each ex-officio one of the Physicians and Surgeons of the Hospital, there would still be wanting the stimulus of rivalry to keep up a spirit of emulation sufficiently active to ensure permanent excellence. The tendency of all monopolies is essentially to carelessness of the wants and interests of the public of whom they are independent; and we fear, therefore, that until there are more than one hospital, which surely the necessities of so populous a city might require, and the endowment of which the wealth of so great a commercial one might render a matter of little moment, the hospital instruction of New York will fail to rival that of London, or of Paris, or of Dublin.—*New York Medical Intelligencer*, Nov. 5, 1845.

## RECORD OF MEDICAL SCIENCE.

*Report on the Progress of Surgery.*

BY HENRY ANCELL, ESQ. M. R. C. S. E.

No observer can doubt that Surgery is making rapid progress. While on the one hand new operations are successively discovered for the cure of pathological lesions hitherto deemed irremediable, as the operation for the cure of strabismus, and the subcutaneous section in tenotomy: on the other hand, operations by the knife are superseded by a more rational and scientific, a less objectionable and equally successful treatment of the disease: as in the probable substitution of pressure for incision in the cure of some cases of aneurism. Again, surgical operations which proved unsuccessful and were abandoned in despair in a more infantile period of the art, are now likely to be resorted to successfully in the treatment of incurable maladies, as exemplified in the abdominal section for the extirpation of diseased ovaria. In a more strictly scientific point of view also, surgery is steadily advancing with the progress of physiology and pathology. An improved acquaintance with the phenomena of inflammation especially, derived from microscopical anatomy and micro-chemistry, is leading on to more rational views of treatment. Statistical records are daily furnishing more accurate data of the results of practice, and the innumerable facilities now afforded in all the more civilized communities for extended and multiplied observation are increasing in an incalculable ratio our stock of knowledge. So much is this the case that no individual in active practice can hope to embrace all that is in progress, and all that has been done, even within a limited period, in his own reading and investigation, a circumstance which we feel assured will render the periodical Reports of the Progress of Surgery, which are to form an essential part of this retrospect, acceptable and useful to the surgical practitioner, embracing, as they are intended to do, results—and more especially practical results—in reference to etiology, diagnosis, pathology, and treatment.

1. One of the most recent works that has issued from the press on any general division of the subject of surgery, and by a surgeon, is an interesting volume by Mr. Macilwain, on the Nature and Treatment of Tumours. Mr. Macilwain maintains it to be a pure assumption that cancer, fungus hematodes, and other malignant tumours, are incurable by the powers of nature—and an assumption, moreover, we may add, the tendency of which is the more pernicious as it perverts and discourages the labours of those who are industriously inclined. He takes a threefold view of the causes of tumours:—In the first place they are referable to the food containing something unusual;—secondly, To the assimilating organs acting on the ingesta



in some unusual manner ;—and lastly, or to both these circumstances combined. His curative intentions are therefore directed to diet, and to a regulation of the various organs which represent the different stages of assimilation. No organ in the body, according to the views of this author, is more frequently in fault than the liver, and this often without any indicative symptoms. A knowledge of this fact is to be arrived at by a careful history of the patient, in order to ascertain what injurious influences the liver has been exposed to at any time, and whether ordinary influences have been so exalted as to become injurious. The influences referred to are especially—sedentary habits, and the free use of alcohol, and of greasy, fatty, and saccharine matter; substances which contain a superabundance of carbon. To regulate disordered liver he tries to diminish the quantity of carbon, except such as is contained in necessary food. A man may eat meat—Mr. Macilwain observes—without fat; butter is unnecessary; so is sugar; and in this way, without depriving the system of anything really necessary to health, the liver may be materially relieved, and this indeed is the great mode of assisting its function. The result of Mr. Macilwain's experience in the treatment of tumours is the smallest possible degree of confidence in local applications, particularly in those which are supposed to excite curative actions in the part, and might be called *positive* remedies. To the judicious management of those which act by excluding injurious agencies, or *negative* remedies, he attaches more importance.

Cancer, so long as the viscera are sound, is a curable disease; and the absorption of malignant tumours generally is under the influence of remedial treatment. Our author gives the case of a lady, aged 39, who consulted him for a tumour of the breast which had been pronounced hopeless. It was a true specimen of carcinoma—very hard, adherent to the subjacent parts, the skin tucked in at the nipple with a dark spot there, slightly abraded, painful, with a sense of drawing; the arm swollen and red in the vicinity of the tumour, and a few drops of blood issuing from the dark spot daily. Her general health was greatly deranged—probably not one function in her whole body performed healthily. The plan of treatment consisted in the use of a very plain diet, the rigid exclusion of sugar and grease of all kinds, friction to the skin, with special avoidance of any interference in the neighbourhood of the tumour. After the cessation of her scanty catamenia, a few leeches were applied to the pubes, and the medicine generally used were aloes and ipecacuanha, with now and then a dose of calomel. The case improved; the tumour became moveable, the suffering from it very trivial, and except when she transgressed in her regimen, although now and then a little uncomfortable, she was generally easy.

The patient relaxing in her obedience, an eminent physician was consulted, who allowed her to "eat what she pleased." The result was, that in a few days she was thrown into a state of the most terrible suffering, for which opium was prescribed without relief; but a return to the former plan was attended with almost immediate ame-

loration, although she never recovered her former ease. So long as she adhered strictly to the plan, she had almost absolute immunity from pain; but she frequently tampered with impunity. She ultimately died, as the author believes, from her own imprudence, in great agony. Mr. Macilwain gives other cases to illustrate the beneficial effects of regular and daily exercise, a plain diet, and the exclusion of saccharine, oleaginous, and alcoholic matters in malignant tumours. The plan of diet should be "simple, and strictly defined;" and one of his correspondents, Mr. Kingdon, remarks:—"I am now convinced that many diseases, which have hitherto been considered incurable, may be cured by that close attention to the minutiae of function which *does not permit the most insignificant portion of the frame to be overlooked.*"

As respects depositions generally which are not cancerous, Mr. Macilwain now seldom sees any in which he cannot succeed, by strict treatment; sometimes in procuring their absorption, almost always in arresting their progress; and he believes that he has succeeded in promoting the absorption of ten or twelve malignant tumours at least.

The author's observations on the progressive results of the successful treatment of tumours are thus described:—

"The first change observed is, that if there have been much pain, there is a very material and marked diminution, or a total subsidence of it, without the influence of *opium or any other narcotic*; and this, too, when opium and other narcotics have been exhibited in vain. The tumour becomes loosened as to its subjacent connections; and I have more than once seen a tucked-in nipple resume the natural appearance. A change yet more important is, that the tumour which had before, perhaps, presented itself in one mass, with more or less irregularity, becomes broken into portions, so as to feel like separate depositions, intersected as it were by lines of more healthy structure. This is speedily followed by a diminution of the characteristic hardness; so that after a while the carcinomatous character becomes entirely lost. The change progressing, the tumour becomes gradually absorbed, until nothing remains but what, if now examined for the first time, might be taken for an enlarged gland; and this gradually disappearing, the part resumes its ordinary character. Now all this has never happened without a change in some one or more important function to which the treatment has been specially directed, though this has varied in different cases according to the function which, on careful analysis, appeared to be most seriously or primarily affected. If I were called on to name any dietetic measure most general, I should say the diminution of carbon, in the interdiction of grease, sugar, and alcohol. If I were asked what one organ has most frequently appeared to take the lead, I should say the liver."

We have thus given as fair a statement of Mr. Macilwain's views as our space will admit of, because we verily believe that much suffering accrues, if not loss of life, from men holding the most eminent position as surgeons and physicians, distrusting the unquestionable



powers of nature, and relinquishing the systematic and scientific treatment of what they deem hopeless diseases. Heterologous formations frequently disappear, to the surprise of the surgeon, without any obvious cause, but not without a cause. These cases establish the justice of our claims for the powers of nature. We believe our readers will regard Mr. Macilwain's views respecting the principles and the details of his treatment not merely as interesting, but as important.

2. A work has also been recently published on the *Treatment of Cancerous Tumours of the Breast without Operation*, in Paris, by S. Tanchou, in which 302 cases of cancer are collected together, as having got well after the employment of various remedies. We find this author boldly maintaining that cancer is not absolutely incurable. He gives, it is true, but three cases of amelioration, and fails to prove his position; yet the cases cited have been admitted by some of his reviewers as demonstrative that it is possible not only to ameliorate cancerous affections, but also to arrest their progress and render them stationary.

3. A work published at Paris by Dr. Jules Guyot in 1842, and reviewed in the *British and Foreign Medical Review* of January last, will doubtless call the more particular attention of surgeons to the important subject of temperature in operations and the treatment of surgical diseases. M. Guyot infers, from numerous experiments, that air, when devoid of any noxious impregnation, has, simply considered, no injurious action on living parts. It may, nevertheless, become injurious in two ways:—1. Mechanically, as by causing the lung to collapse in penetrating wounds of the chest,—by destroying the cellular attachments of the viscera in wounds of the abdomen,—and by distending or compressing organs as in emphysema. 2. As the medium of an injurious temperature, air introduced into the serous and synovial cavities occasions inflammation by its coldness: at the temperature of 36° cent. (96½) Fahr., the articular, cranial, thoracic, and abdominal cavities, may be opened without danger of inflammation, in so far as the contact of the atmosphere is concerned. By the term "Incubation" as a curative process, M. Guyot implies a temperature of 36° cent. applied to the body by means of heated air. He distinguishes three species:—1. Local or circumscribed incubation adapted to amputations, wounds, &c. 2. Diffuse incubation, acting upon a considerable portion of the body, to re-establish a function, restore the equilibrium of the circulation, &c. 3. General incubation applicable to premature birth, defective development of infants, and various diseases. It may also be continued or intermittent in its application. Various kinds of apparatus are employed for the purpose. This peculiar treatment has been tried and found successful in ulcers, some of which were of an inveterate kind; and in one case of twenty-five years' standing, in a man aged 67, in a large, callous, and fistulous sore, in an immense lacerated wound of the arm. In a case of phlegmonoid erysipelas, terminating in gangrene, two days after the commencement of the treatment, the suppuration was diminished to

one half, the wound was covered with granulations, and the fever had ceased. In œdema of the limbs, in phlegmonoid erysipelas, eczema, and a numerous variety of cases, it appears most essentially to influence the cure.

M. Guyot has put his method into practice in *white swelling*, and records cases which seem to indicate that it is worthy of a more extensive trial. A case of chronic rheumatism was cured in twelve days, and a case of periostitis of the tibia in eight days. A malignant or ill-conditioned ulcer of the nose, which had resisted ordinary treatment, was much benefited by incubation; and in another case a cancerous ulcer, of the worst character, also seated on the nose, this treatment modified the sore in a remarkable manner; the mammillated and tuberculated surface contracted its limits, caused the redness and pain to disappear, and predisposed the tissues to cicatrization. The arsenical paste was then applied, and the cure became complete. Thirty-two cases are detailed in which incubation was applied to the stump after various amputations, and the results, as compared with the results of amputation under ordinary treatment in the Parisian Hospitals, were very greatly in favour of the remedy, although there is some reason to doubt whether they were fairly attributable to the artificial temperature.

While on the subject of temperature in the treatment of surgical diseases, we may state that in Mr. Grantham's work, quoted in our extracts, great stress is laid upon the principle of keeping up the normal temperature, or "the vitality" of the superficial structures in inflammation of the ligamentous, tendinous, and cartilaginous parts of the body; and the book contains illustrations of the efficacy of the treatment founded on this principle. Thus, in the after treatment, on reduction of a bad dislocation of the ulna and radius, Mr. Grantham steams and foment the limb for an hour, and then applies a large hot bread-and-water poultice for several days. He observes of this case, which was cured in a few days, "That no blood was lost, nor any cold application used." The treatment was simply keeping up the action of the exhalants and absorbents, so as to remove tumefaction and extravasation without lessening the vital properties pertaining to the low organized textures, as it is the ligamentous and tendinous structures which are injured in all dislocations.

In the operations for removal of ovarian tumours, the surgeon finds it of the first importance to regulate the temperature of the atmosphere. In fact, no one who has witnessed the extent and length of time of the exposure of the abdominal viscera in many of these operations can doubt that their safety has been, to a very considerable extent, secured by attention to this circumstance, and that inattention to it would very decidedly increase their mortality. We have placed this subject thus imperfectly before our readers, convinced that surgeons in this variable and inclement climate are, in the main of their practice, much too negligent on this important point, and in the hope that the future numbers of the "Retrospect" will have to record more



favourable results in several departments of surgical practice, when it receives a greater share of attention.

4. Dr. Egan has lately published an elaborate article *On the diagnosis and treatment of syphilitic diseases*, the substance of which he recapitulates as follows:—

“1st. I have observed the simple superficial ulcer, unattended with indurated margin or base, give rise to a papular eruption, pains resembling rheumatism, increased vascularity of the throat, generally accompanied with enlarged tonsils. In this form I have never witnessed the occurrence of rupia, nodes, or ulceration of the back of the pharynx: in this class, which were for the most part treated without mercury, constitutional symptoms occurred far more frequently, but were of a milder description than in those where the opposite plan of treatment was adopted. When topical applications fail, mercury is resorted to for the purpose of accomplishing a cure. 2dly. That strong presumptive evidence has been afforded, that the matter of gonorrhœa, in its incipient stage, is capable of producing a mild form of secondary symptoms; but not having been able to substantiate this opinion by the process of inoculation, I cannot, as far as my experience goes, lay it down as an ascertained fact. 3dly. That the excavated ulcer, with indurated margins and base, commonly described as the Hunterian chancre, has, in my limited number of cases, been succeeded by a scaly eruption and excavated ulcers of the tonsils; and that in those cases alone mercury deserves the name of a specific. 4thly. That the phagedenic ulcer, where it has existed *ab initio*, does not owe its characters to any peculiarity of constitution, but to a specific virus, as is evinced in the dissimilarity and inveteracy of the secondary and tertiary symptoms: and that in such cases mercury is decidedly injurious. And, lastly, that all the secondary forms of syphilis, with the exception of iritis, are curable without the aid of mercury; the cure, however, is much more protracted, but relapses far less frequent.”

5. There is nothing before us of very great importance in *Thoracic Surgery*. Forty cases of injuries of the chest were the whole number received into Guy's Hospital from January 1, 1843, to December 31, 1844. The series excludes injuries in this region of minor importance treated out of the hospital. Of the 40 cases four terminated fatally, that is to say, 10 per cent. The cases include, simple injuries of the chest; fractures of the ribs, sternum, and clavicle; comminuted fractures; penetrating wounds of the chest; injuries of the lungs; with different complications, as pneumonia, pleuritis, pleuro-pneumonia, emphysema, hemoptysis, collapse, and general obscure inflammatory and other symptoms. The usually admitted principles of treatment were resorted to, as—rest, bandaging, bleeding,—general and local, and purgatives; and to meet special complications and symptoms—calomel and opium, incisions, punctures, brandy and other stimulants, blisters, antimony, diaphoretics, &c. Except that a series of such cases must present novelties in their details, and if faithfully recorded, must be interesting and instructive to the surgical

practitioner, this report does not contain anything new in principle, either as respects diagnosis or treatment.

6. The following is an interesting case of injury of the chest, with hernia of the right lung. A child, 13 years old, fell from a considerable height, whilst he was playing, and struck himself against the end of a branch of a tree which had been recently cut. A wound about three inches in length on the anterior part of the right side of the chest was the consequence, extending transversely between the fifth and sixth rib. Dr. Anglo, who was called in immediately, found a considerable quantity of blood from the interior of the chest, and at the same time an elastic tumour about the size of the fist, and of a rosaceous colour, having a transverse wound, and evidently being part of the inferior lobe of the lung. There was much oppression and anxiety, an extreme pallor, the pulse "miserable," the extremities cold, and every thing indicated imminent danger. The protruded portion of the lung was reduced, although with difficulty, and the edges of the wound were brought together with bandages. The patient was three days recovering from the violence of the concussion. Reaction then came on which was met by bleedings and antiphlogistics. The wound soon cicatrized, the pulse recovered its functions, and in six weeks the cure was complete. The French Journals contain several cases in which paracentesis thoracis has been performed with successful results.

7. In *Abdominal Surgery*, Ovariectomy occupies the first place. The revival of the abdominal section for the purpose of removing diseased ovaria, is an important circumstance in the history of modern surgery, and the progress of opinion respecting this important operation, both as to its propriety as a mode of cure, and the various modifications which may be suggested in the manner of performing it, deserve the immediate and most serious attention of every practical surgeon, for, although the general treatment of the disease itself most frequently devolves upon the accoucheur, the formidable nature of the operation will in all cases render it desirable that it should be undertaken by the practical surgeon. We propose to fix the attention of our readers upon the state of our knowledge at the epoch from which this "Retrospect" dates, by referring to Mr. Phillip's paper on the subject.

This gentleman has collected the results of 81 operations:—

The tumour was extracted in	- -	61 cases
Adhesions, &c., prevented its extraction in		15
No tumour was found in	- - -	5=81

Of the whole number:—

The recoveries after abdominal section were	49
The deaths - - - - -	32=81

But all the cases in which no tumour was discovered, and the operation was not completed, recovered.

Of the cases in which the tumour was extracted there were:—

Recoveries - - - - -	35
Deaths - - - - -	26=61



Of those in which adhesions and other circumstances prevented the removal of the tumour, nine recovered, and six died.

The large incision was resorted to in 55 cases with the following results:—

Cured	-	-	-	-	-	-	23
Recovered	-	-	-	-	-	-	6
Died	-	-	-	-	-	-	26=55

The small incision in 27, of which there were:—

Cured	-	-	-	-	-	-	13
Recovered	-	-	-	-	-	-	7
Died	-	-	-	-	-	-	7=27

Several years ago, that distinguished physiologist and practitioner, Dr. Blundell, drew up a paper which was read to the Medico-Chirurgical Society, the object of which was to demonstrate what the author then believed to be a fact, that the fears entertained by surgeons were greatly exaggerated respecting the dangers that attend wounds of the peritoneum. We have not seen the paper, but have had opportunities of conversing with its author upon the subject, and we understand that it embraced cases of most extensive laceration of the parietes of the abdomen, with extrusion of the viscera, which had ultimately recovered. The Society declined publishing the paper, but the author has never had reason to alter his own deductions from a consideration of those cases. The recent results of the abdominal section tend very greatly to confirm his views. It is quite true that in many cases of ovarian disease, previous to the period at which an operation is likely to be performed, the whole peritoneum has assumed a pathological condition; but it is equally true that inflammation, and all its consequences, is liable to occur at any period during the progress of ovarian disease, and also, that it is inflammation which is chiefly dreaded by the surgeon, in making extensive incisions through the peritoneum, and in handling and exposing the abdominal viscera. It is not for us to encourage or discourage any particular *methodus medendi*, we are rather the chroniclers of events; and we shall in future collect all the cases which meet the public eye, wherein this operation is resorted to, with a view to place the results before our readers. It may, however, as we conceive, be justly remarked, that according to the evidence before us, the danger of inflammation in these cases, is not so great as we have been taught to believe, and the observation of Dr. Blundell upon this head is perfectly correct.

An additional case is recorded by Dr. Bowles, of Harrison county, Ohio, wherein the incision was nine inches along the linea alba; the omentum was found to be adherent to the tumour, and the latter firmly bound down by adhesions to the bladder and uterus; but all the adhesions were easily separated by the handle of the scalpel. The patient vomited during the operation, producing protrusion of the intestines. To prevent distension of the bowels by flatus, a tube was kept in the rectum. The tumour was solid, and weighed five pounds. No doubt remained of ultimate recovery.

Cases by Mr. Clay, Mr. Lane (unpublished,) and others, since the above record in the *Medico-Chirurgical Transactions*, have come to our knowledge; they are for the most part successful, and will be placed before our readers in our next number.

8. The proposed revival of the treatment of fistula in ano by ligature, according to an improved method, has met with objections. It is asserted to be inapplicable and insufficient in many cases, and also more painful and hazardous than the operation with the knife. Mr. Salmon, after nearly twenty years' experience, denies that the operation by incision is attended by any peculiar hazard from hemorrhage or otherwise. In 248 cases, selected promiscuously, he states that no fatal hemorrhage occurred; in 20 instances only, was there any bleeding which required attention, and in these cases the simplest precaution sufficed to prevent any serious inconvenience. The operation by ligature has, again, been admitted to be applicable in cases of small and single sinuses, but its propriety doubted where large abscesses, with loss of substance, and complicated sinuses tending in different directions, occur. In these latter cases, Mr. Luke admits that ligature offers no better prospect of success than the knife, but, he states, "certainly not less." The probability of success must depend much upon the extent and direction of the communicating sinuses, and upon their complications with ligamentous and osseous structures. In more remediable cases, Mr. Luke remarks, that although, when mismanaged, the ligature may produce protracted pain, yet, when well managed, it neither produces as much pain as the knife, nor as much hazard; particularly where the rectal aperture is barely within reach of the finger. The insertion of the ligature according to the plan recommended, causes scarcely more pain than a common examination; it is at no time necessary to draw it so tight as to cause pain; "during the first few days, or until the slight inflammation of the fistula which succeeds its introduction has attained its maximum amount," it should be left loose; it is then made nearly tense, but not to give pain, and the tension is to be kept at this point by renewed turns of the screw every two or three days. The whole proceeding is to be slowly conducted, and in this consists the essence of the improvement as compared with the mode of applying the ligature in former days. When pain occurs, it usually arises on the accession of inflammation, causing the included parts to swell; the ligature is then to be loosened, which is readily effected by the kind of apparatus employed. We may add, that the operation by the knife is one greatly dreaded in most cases by patients, and frequently deferred in consequence of that dread; and there can be no doubt, that if the surgeon can conscientiously resort, as a general principle, to the treatment by ligature, the subject of this formidable disease will more readily confide in the scientific surgeon, and less frequently fall into the hands of the charlatan.

9. One of the most important surgical subjects which has lately been brought before the consideration of the profession is *the cure of aneurism by pressure*. Several cases of this formidable disease, cured



without operation, are quoted in our extracts, and it is most important that the practical surgeon should be made fully aware of the recent results of experience in this method of treatment. Compression effected in various ways has repeatedly been resorted to, for the purpose of arresting or curing aneurism, but we believe that we may state, at once and unequivocally, that the application of pressure upon strictly scientific principles has never had a fair trial. The cases before us justify the opinion that in many cases it will prove an adequate remedy, and will supersede the use of the ligature.

It may be useful to take a cursory view of the objects for which compression has been resorted to in the treatment of aneurism.

Dr. W. Hunter held that when the integuments begin to give way in aneurisms of the aorta, a bandage judiciously applied might preserve life for some considerable time, but looking to the effects of pressure on the arterial tunics, during the gradual dilatation of the aneurismal sac, where it meets with the resistance of the osseous structure, as of the sternum or vertebræ, he came to the conclusion, that in the main, compression or tight bandaging would only aggravate the evil. Dr. D. Munro taught the same doctrine. But in the case of false aneurisms, when small, particularly those occurring in the arm from bleeding, Dr. Munro advocates, together with moderate depletion, compression on the part, by means of compresses and bandages, to prevent the blood from flowing into the cyst; the compression to be continued not only till the tumour disappears, but likewise for some time after, lest a relapse should occur; quoting cases which have been cured, but concluding with the remark, that "where such aneurisms are large, and of long standing, this method can have no effect." Guattani and the surgeons of Rome about this period (1750-60,) attached more importance to compression as a remedy, and resorted to it somewhat more systematically in crural and popliteal aneurisms. The latter author recommends gradually compressing the aneurismal tumour, by means of bandages applied more and more tightly from day to day, and gives successful cases. It will be observed that Guattani's method was "direct and energetic" pressure. Subsequently to the Hunterian operation being adopted, the plan of compressing the artery at some distance from the tumour was made trial of by Dubois, Astley Cooper, and others, the object being, by severe and continued pressure, to render the artery impervious. The objections to these modes of applying pressure are stated to be, and no doubt are, positive. It is either insufficient, or it is impossible to protect the neighbouring parts from its influence, and accordingly the flow of blood in the collateral vessels is arrested; it requires to be continued for a great length of time, and is attended with great pain. Hence constitutional disturbance followed by inflammation, ulceration, or sloughing of the compressed parts; in numerous cases the patient has been unable to sustain it, and from other causes it has proved unsuccessful.

We will furnish our readers with a short account of the more scientific application of pressure for the cure of aneurism, lately adopted

by Hutton, Cusack, Bellingham, Allen, Greatrex, and Liston, from Professor Miller's *Principles of Surgery*. The pressure is made at the Hunterian site, but is neither constant nor severe. By any suitable apparatus, a moderate degree of pressure is applied to the vessel, at a point where the coats may be expected to be sound, and consequently not prone to ulcerate from various causes.

This is maintained so long as it can be conveniently borne by the patient, but no longer. When uneasy sensations become intense, with swelling and numbness of the limb, and throbbing in the part, the pressure is either slackened or removed. After a time, the parts having recovered, it is re-applied. Again it is removed, and thus the disasters formerly attendant upon the treatment by pressure are avoided. At the same time that the circulation in the aneurism is moderated, the tumour begins to diminish, its pulsation is less, and it feels harder and less compressible; ultimately pulsation wholly disappears, and induration becomes complete, absorption advances, and the cure is obtained with or without a previous state of the vessel. Throughout the treatment absolute repose and decumbency are maintained, with an antiphlogistic regimen. Also, the limb below the compressed point must be uniformly and equally supported by bandaging, lest passive congestion and œdema supervene; and this pressure may, from time to time, be somewhat increased on that part of the limb which includes the aneurismal tumour. The process is one of weeks, not days—gradual, not sudden—interrupted, not continuously progressive. The pressure requires to be neither great nor constant, for we do not desire obliteration even temporary. It is sufficient to moderate, not essential to obstruct the flow of blood. The treatment is conducted rather as if itself were not the agent of cure, but only the means whereby the spontaneous cure may be originated and favoured.

The objections still advanced by Professor Miller to this improved method of applying pressure are:—The protracted period and ultimate uncertainty of the cure. If improperly conducted, it is in every point of view inferior to the ligature. It is less capable of general application, since many systems cannot tolerate pressure; our experience of its use is in its infancy.

The last objection of Professor Miller is exactly that which will render it incumbent on us, in the future numbers of the "Retrospect" to place before our readers an abstract of all the cases, whether successful or unsuccessful, that may for some time to come meet the public eye. This is the only way by which profit can be made to accrue to the great body of surgeons by the experience of individuals. At present it will suffice to say that in 1831 Assalini published a case of popliteal aneurism cured by pressure. In November last, Dr. Hutton, of Dublin, recorded seven cases treated by pressure, one only of which was unsuccessful. Giraldés in his memoir cites fifteen cases, including those just referred to, of aneurism treated successfully by compression of the femoral artery, and he remarks that the mean duration of the treatment was 24 days, the



minimum 5 days, and the maximum 90 days; and this author judiciously suggests that one circumstance which ought to plead strongly in favor of compression, and recommend it to the attention of surgeons, is the contingencies which await the operation by ligature. The ligature is not an infallible remedy; too frequently the disease returns after the operation, of which circumstance instances are cited upon the authority of Cooper, Brodie, Roux, and Lenoir; and serious accidents, as consecutive hemorrhage, wounds, and inflammation of the veins, gangrene, and death, have been the consequence. Such being the fact as relates to the treatment now resorted to by surgeons, the new plan ought at all events to be tried for the present, in every case, before resorting to the operation.

The advantages of compression over ligature are, that it is exempt from all danger; it is, so far as the evidence enables us to judge, more universally successful; it is applicable to certain cases of aneurism to which the ligature is not, and to some in which the operation by ligature would be likely to be followed by unfavorable results, as in the case of very large aneurisms which compress the collateral circulation. It is applicable in cases wherein the ligature is contraindicated from disease of the arterial system, and in cases of the "aneurismal diathesis;" also in cases of spontaneous aneurism in broken-down constitutions, in which the surgeon would perform an operation only with the greatest reluctance; and lastly, its employment, if ever it should happen to be unsuccessful, does not preclude the subsequent operation by ligature.

We conclude this article with a quotation from Dr. Bellingham's explanation of the mode of applying the pressure.

"Instead of employing a single instrument, we employ two or three, if necessary; those are placed upon the artery leading to the aneurismal sac, and when the pressure of one becomes painful it is relaxed, the other having been previously tightened; and by thus altering the pressure, we can keep up continued compression for any length of time."

The instrument "consists of an arc of steel covered with leather, at one extremity of which is an oblong, padded splint; the other extremity terminates in a nut, containing a quick screw, to which a pad, similar to that of the tourniquet, is attached. . . . The principle is extremely simple; so much so, that the patient can regulate its application himself, and it can be made of every size, so as to compress any vessel within the reach of compression."

10. The subject of tracheotomy and the removal of foreign bodies from the larynx excited great interest at the period when Mr. Brunel's case was before the public. In that remarkable case the patient suggested the idea of inverting the body so as to give the same facility to the passage of the substance out of the tube which it had to get in, but the experiment demonstrated that the human system is not a mere machine—a vital spasmodic action closed the glottis and rendered the experiment unsuccessful, until the art of the surgeon was resorted to for the performance of tracheotomy. A case, however,

has been recorded in the *Northern Journal of Medicine* from which it appears that the idea of the mechanician will sometimes succeed, and that the knife of the surgeon may be superseded. A shilling slipped through the glottis of an individual, giving rise to comparatively little inconvenience. It seemed to the patient to be fixed at the cricoid cartilage, and that it would return if he were placed on his head:—

“The man was placed with his shoulders against the raised end of a pretty high sofa, and then being seized by three of the most powerful of those present by the loins and thighs, he was rapidly inverted, so as to bring the head into the dependent position, and after a shake or two, Dr. Simpson at the same time moving the larynx rapidly from side to side, the shilling passed into the mouth and fell upon the floor.” The relief was instantaneous and complete.

In our own immediate neighbourhood a piece of cotton wool passed into the trachea of a lady from a carious tooth; a medical man was called in, and precipitately ran out for another surgeon to perform tracheotomy. In the interval, the husband believing that his wife was at the point of death, inverted her body, the foreign substance was expelled, and before the return of the doctors she was perfectly restored. It should not be forgotten, however, that the foreign substance in falling from the trachea might fix itself in the glottis and cause almost instant death, so that the inversion of the body cannot be considered a safe measure unless the surgeon is at hand with his scalpel.

11. The various foreign and domestic journals during the last six months contain the usual amount of information in the shape of lectures, essays, discussions, cases, &c.; but we believe we have extracted the most important novelties. There are some interesting instances of those cases which involve what are usually styled the minor operations of surgery, which are by no means undeserving attention. The following is an instance in point:—A lady from the country had a carious tooth filed to admit a pivot to an artificial tooth. This trifling operation, which was attended with little pain, was followed by an abscess in the jaw, for which the extraction of the root was recommended; but as it was a superior canine tooth, with a deep root, and as the stump presented no hold, the most skilful dentists would not undertake the extraction. According to the advice of M. Recamier, M. Maisonneuve made an incision in the mucous membrane; and after exposing the maxillary bone, he divided the bone along the alveola. This operation is infinitely less painful than those resorted to by dentists with their various instruments. The root being thus exposed, M. Maisonneuve laid hold of it with a hook, and it was removed with great ease.

12. Operations, novel in character, or remarkable for their boldness, are sometimes resorted to *once* even by judicious surgeons, and are justifiable, although judging from results we may arrive at the conclusion they ought never to be repeated. These and the more rash experiments of the ignorant or reckless, like rare and extra-



ordinary cases, frequently throw light upon the phenomena of nature, or serve as beacons for the future. Instances of one or more of these different classes of surgical cases will be found in that part of our volumes set apart for "extracts," and we may add to those contained in our present volume two cases of "Puncture of the intestines to relieve the agony of distension in supposed internal strangulation," lately recorded by Sir George Lefevre.

The lady of an officer of high rank had been suffering for some time with disordered digestion, when she was suddenly seized with violent vomiting and purging, and fecal matter was discharged by mouth. To this succeeded constipation and tympanitis; the latter being so distressing that it was resolved to puncture the bowels. Large quantities of gas escaped: the patient felt immediately relieved from her extreme sufferings. She died the same day or the following."

"A lady, the mother of six children, was in the family way of the seventh, and in about the fourth or fifth month of utero-gestation. She had for years been in the habit of neglecting her bowels, and retaining her fæces for five or six days, and even longer with impunity. She complained of sudden pains in the bowels, which she took to be colicky, and used some domestic medicine. The pains increasing, and the bowels continuing locked, blood was taken from the arm, and leeches applied very freely to the part. No relief was afforded. The abdomen became very tense, and the pains returned at repeated intervals. She expressed herself thus, that she had borne six children, and that the united pains of all her labours were not so excruciating as any one of the pains under which she suffered. All means had failed in procuring her relief. Six or seven medical men were in constant attendance upon her. Injections, warm baths, cold effusions, bleeding, opium in large doses, nothing relieved her.

"It was, therefore, upon the idea only of shortening her sufferings, that it was proposed to puncture the intestines. A trocar was thrust into the colon, some gas escaped, and she exclaimed, 'I can breathe now.' Fæces soon filled up the canula; the spasms returned, but in rather diminished force. She sank in about fourteen hours after the operation, suffering to the last.—*Half-Yearly Abstract of the Medical Sciences.*

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*A few Observations on the use of Large Doses of Quinine in the Treatment of Bilious Remittent Fevers.* By W. J. TUCK, M. D., of Memphis, Tenn.—*Messrs. Editors:*—In compliance with a promise made to you some time since, to give you an account of some of the diseases incident to our city, and the mode of treatment, I hasten, amid numerous interruptions, to redeem my pledge to the best of my ability. In doing so I prefer the epistolary mode, as ideas, I believe, are thus expressed with more freedom and ease, and are generally more intelligible to the reader.

And may I not be here permitted to remark, that the subject of fever is *one* of the most, if not *the most*, important and interesting that

can engage the attention of the physician, and that, he who can suggest *an idea or remedy*, which would tend to relieve the violence or fatality of this disease, under its various modifications, would confer a benefit upon his species, which would entitle him to the gratitude of all mankind and all posterity. It is estimated by Dr. McIntosh, that *four-fifths* of the deaths that have occurred in the world, have been occasioned by fever. How infinitely important, then, is this subject to the physician, upon whose skill, to a considerable extent, hangs the lives of thousands of his fellow creatures.

Situated, as the city of Memphis is, in the midst of the great valley of the Mississippi, in latitude  $36^{\circ}$ , in a newly settled region of country, and settled by people from every part of the world, it could not but be expected, that fever in various forms should prevail here more or less; and as this city has been growing so rapidly for the last few years; its population so rapidly increasing, (and there is every prospect of a continuation of this increase and prosperity, from the location of the naval depot at this point, as well as from the great natural advantages of the situation,) any account of the diseases most prevalent in this city, would probably be interesting to the physicians of the South and South-West. Should time and opportunity permit, it would afford me pleasure to contribute to your interesting journal, from time to time, a brief account of the diseases most prevalent in this city, and the most successful mode of treatment. As the season is now approaching when our city is visited, to some extent, with the bilious remittent form of fever, I have thought that it would be appropriate to allude briefly to this disease, and more especially with the view of pointing out the success which has been attained here in the treatment of this form of fever, by the use of quinine; in illustration of which, a few cases, occurring in my own practice, will be presented.

For a number of years past, I presume, it is well known to all the reading physicians of the South, that quinine has been employed to a very great extent, in the treatment of remittent and congestive fevers; and by many physicians, this medicine is regarded as *indispensable* in the treatment of these diseases in the South. Who was the first to adopt this mode of treatment, as far as I am acquainted, has not been ascertained; but, from the success which has attended it, its author, were he known, should be entitled to great praise. The probability is, that whoever first adopted the treatment, was led to do so upon correct and philosophical principles; for, by a very natural process of reasoning, it might be deduced, that, if the bark and quinine were so successful in arresting the most violent forms of congestive or malignant intermittent fever, as occurred in the practice of Lind, Senac, or Bailly, it might be equally successful in the treatment of the *remittent form*, which is produced by the same causes, and which, in some of its forms, may be regarded as congestive fever; for the word *congestive*, according to the best authors, is merely considered a *condition*, and is associated with intermittent, remittent, and typhus fevers, respectively, and gives them a marked character.



The mode of treatment of remittent fevers by large doses of quinine, was not alluded to, so far as I can remember, during an attendance on two courses of lectures, in Philadelphia, in the winters of 1839, and 1840, and the summer of the latter year; and the first time I ever became aware of it, was through the conversation of a young gentleman from Alabama, who was my room-mate, and who had determined to write a thesis upon the success of this mode of treatment, (as he had been convinced of its correctness from the success attending the practice;) from which I attempted to dissuade him, as his views were so contradictory to what I had been taught, and believed to be the opinions of the professors; and I feared that such ultra notions might occasion his rejection. By my own preceptor, a distinguished physician of Virginia, I had been taught, (and this, so far as I was acquainted, was the opinion of the most eminent professors in the country,) that the smallest quantity of quinine would be almost sudden death, if administered in a case of remittent fever. Whether the young gentleman alluded to presented his thesis, I am not aware, as he was not a candidate for graduation until a year after I left. Removing to the South-West in 1840, I had an opportunity of meeting with some distinguished physicians, of enlarged experience, and who, for a number of years, had employed quinine in large doses, in the treatment of bilious remittent fevers, with the most signal success; but my prejudices were so strong, from early education, against such a course, that I could scarcely be made to believe it, until I had an opportunity of witnessing the success with my own eyes during the following summer. In a conversation with Dr. Thomas Fearn, a very distinguished physician of Huntsville, Ala., several years since, he informed me that he was the first person, so far as he was aware, who introduced the use of large doses of quinine in the treatment of a very fatal form of fever, which prevailed in Huntsville, some fifteen years since. He informed me that the disease was producing the most destructive ravages, and was fatal in almost every case. No remedies seemed to be of any avail, but rather did harm, and when any member of a family was seized by the fever, he was regarded as already dead. The doctor mentioned, that he did not recollect what particular circumstances led him to adopt the use of large doses of quinine: but while anxiously casting in his mind to ascertain some more successful plan of treatment to arrest the progress of such a fatal disease, he fell upon the use of large doses of quinine, and the first case in which the treatment was employed, recovered. It was tried with like success in the second case—it was adopted by other physicians; and from that time, the disease was arrested without any difficulty. In connexion with this statement of my own, permit me to extract the following from Dr. Dunglison's *Work on New Remedies*: "A case of severe remittent has been detailed by Dr. Thomas Fearn, in which he gave, at one dose, three teaspoonfuls, weighing 32 grains. At the end of an hour, there was a diminution of the frequency of the pulse; the inevitable effect of large doses of quinine when its operation is favorable." Dr.

Fearn remarks, that his usual practice in remittent fever, has been to give three doses of twenty grains each, with the interval of an hour between.

But, however this treatment by large doses of quinine originated, or whoever may have been the author, it must be gratifying to every friend of humanity, that so useful a discovery has been made, and that it is now becoming the established practice among the most intelligent physicians of the South; and that where, formerly, death swept over the land with a resistless tide, destroying thousands in his career, we are now able to arrest his destructive march, and almost insure a speedy return of health where, previously, even a hope to live would have been looked upon as folly.

Having briefly alluded to the history of the introduction (so far as I have been able to inform myself,) of the use of quinine in large doses, in the treatment of bilious remittent fever; and of the reasons by which I was led to adopt the same opinions; I will proceed to give a brief account of the success I have met with in the treatment of this disease in Memphis and vicinity, during the summers and autumn of 1842, 1843, and 1844, and specify a few cases, of which I made very hasty and imperfect notes. My practice during these seasons, has of course been limited, compared with that of older physicians, but, during these three seasons, I think that I have attended, upon an average, from twenty to thirty cases, each year, of remittent fever, and I can state with certainty, that not one of them has died, where the quinine has been used freely, and that only two deaths of the whole number occurred; one, a well marked case of sporadic yellow fever, in which I was afraid to use the quinine, but now believe that if I had done so in the early period of the attack, the man might have been saved; the other, a negro girl, who was brought here very low, with the disease so much advanced, that medicine could produce no effect. Very few cases have occurred in which convalescence did not commence in the course of three or four days, and in a number of cases, the patient would be attending to his business in a week from the time of the attack. Some of the cases would be denominated congestive fever; but correctly speaking should not be called so; since, as has been stated before, congestion only implies a certain condition of disease, and is alike incident to intermittent, remittent, and continued fevers, as well as many other diseases. The cases which I have noted have been done in a very hasty and cursory manner, and will only indicate that quinine has been relied upon as the prominent remedy; although in every case, other means were employed, such as blood-letting, cupping, aperients, &c., as circumstances indicated.

CASE 1.—P. B., boy, about 15 years of age; sanguine temperament. Was taken with the usual symptoms of fever on the 26th of June, saw him on the morning of the 28th; had been very sick; said he had taken some pills which operated very freely. Had considerable fever when I saw him; skin dry and hot, with a pain in the head. Quinine was freely employed for three days in quantities of about 15 grains a-day. Cupping, mild aperients, and warm baths



were also employed, but the quinine was also relied upon as the prominent remedy. On the fourth day from the time I saw him, all unfavorable symptoms were relieved. On the seventh day he was able to start home, at Holy Springs, some fifty miles distant. There was a high exacerbation of the fever, in this case, in the afternoon, which was entirely checked on the third evening after using the quinine.

CASE 2.—Mrs. J., between 30 and 40 years of age; had been very sick for a week when I was called to see her. Saw her in the morning; pulse very feeble; skin cold, relaxed, and clammy; her extremities cold; I thought her condition very unfavorable; was told she had high fever every afternoon, and was sometimes delirious. Left her quinine to take very freely; did not expect to find her alive next day; directed, also, the use of stimulants. Next morning found her much improved; continued the quinine, with mild aperients, and in a few days she was able to leave her bed, and in a fair way for recovery.

CASE 3.—P. T., a man about twenty years of age, very fleshy. Attacked with a severe chill on July 5th, seized with another on the 7th, when I was called in; high reaction occurred; had taken a large dose of ipecac, which he had procured from the apothecary, and which occasioned great nausea and severe vomiting of large quantities of bile; pulse frequent and full; skin very hot; used bloodletting; and after checking the vomiting by appropriate treatment, gave, in the evening, a mild aperient, and a few grains of Dover's powder. By night, the fever was much abated, and the skin moist. The following morning commenced the use of quinine; gave twelve grains—next morning there was no return of fever. The patient continued to convalesce; and by the continued use of the quinine, *proper regimen*, a dose or so of blue mass and Seidlitz powders, he recovered.

I shall only report one other case, which occurred last summer. On Saturday evening, 24th of August, I was called to see Mr. H—, living fifteen miles in the country. Patient, of a delicate constitution; had suffered much from indisposition during the previous portion of the summer, from the imprudent use of medicines. For several days previously, represented as having a paroxysm every morning; fever continuing through the day; remission at night. When I saw him on Saturday evening, near night, his skin was cool, particularly the extremities; and occasionally cold and clammy perspiration appeared on the forehead; he frequently complained of much pain the stomach; the tongue did not indicate inflammation, yet there was great pain on slight pressure immediately over the *scrobiculus cordis*. With the view of preventing the paroxysm from recurring on the following morning, as I believed the recurrence would probably prove fatal, I gave him during the night at least thirty or forty grains of quinine, until his ears were affected; and applied stimulating applications to the extremities; using also stimulants internally, when the condition of the pulse required them. The patient passed a restless

night, talking and muttering most of the time, but towards morning there was a manifest improvement. I neglected to mention, that cups were applied to the epigastrium; and that opiates were also administered, which seemed to have a good effect, and the patient slept some about daylight. About the time at which his paroxysm usually occurred in the morning, he appeared much better; reaction had taken place; skin pleasantly warm; his stomach much relieved and pulse about 75. Being compelled to return to Tennessee, I left directions for the quinine to be continued, with mild cathartics. I heard from the patient on the following Wednesday; he was much improved; no return of fever, and no complaint except debility. Prescribed the bark as a tonic.

A number of other cases, where the effects of quinine were equally conspicuous, might be alluded to; but perhaps the above may be sufficient, as I seek brevity; and besides, even such imperfect notes as are given above, were not taken.

The conclusions, then, to which I have been inevitably conducted from my own observations and from the testimony of gentlemen of correct powers of observation, and much more enlarged experience than my own, is, that quinine in free doses, should be relied upon as the prominent remedy, not only in intermittent fever, but in the bilious remittent form, and in what are called the congestive fevers of the South. Other remedies, I believe, in most cases are important, according to the constitution of the patient, the violence of the disease, and other indications which may be presented, which remedies will present themselves to the mind of every intelligent and observing physician; but no medicine can be compared to the quinine in free doses, for breaking up that train of morbid actions going on in the nervous system, and which, in its own time, brings round a recurrence of a paroxysm so often fatal.

In regard to the theory of the *modus operandi* of quinine in the treatment of fevers, different opinions have been advanced. My opinion, from the first time I was convinced of the efficacy it possesses, has been, that it acts primarily and directly upon the nervous system, and indirectly, through the medium of this action, upon the sanguineous system. Aware, that there must always be a proper and healthy balance between the nervous and sanguineous system; the inference was very natural, that quinine produced its salutary effects in arresting the progress of fever, by restoring the impaired energy of the nerves, and thus controlled the circulatory system, and brought about the harmonious balance between these two systems which is so essential to health. In accordance with this theory, and in proof of its correctness, I have, in various instances, witnessed the effects of large doses of quinine in subduing the frequency of the pulse, and relieving severe pains in the head.

In the case of a young gentleman of this town, last summer, the frequency of the pulse diminished from about 140 to 106, in the course of a night, by administering quinine freely. And another remarkable case occurred also last summer, in the person of a lawyer of this place,



who had a severe attack of fever. He had a paroxysm and high fever, every afternoon, for some ten or twelve days; the physician in attendance not thinking it appropriate to use quinine in his case. Other physicians were called in, and in our consultation, it was determined that quinine should be exhibited every hour, until thirty grains were taken. There was no return of the paroxysm that evening, or comparatively very slight; and speedy convalescence ensued by a continuance of the quinine in small doses. Instead, then, of fearing to give quinine when there is febrile excitement, hot skin, frequent pulse, headache, &c., as we are taught by the writers on *Materia Medica*; and looking upon it as a stimulant and irritant, we are forced to the conclusion that this medicine, in large doses, acts as a sedative. And in corroboration of this conclusion, we find the following statement in Stokes' and Bell's practice, which work, however, I had never read until my own observations and experience had led me to the same conviction. The author says, "A large dose acts at once, or very soon, on the nervous system; and by diffusing the sedative influence throughout all its parts, it completely allays irritation, and induces general tranquillity of the functions." And here, in this connection, permit me to make another extract from the excellent work just alluded to, to prove more satisfactorily the sedative effects of large doses of this medicine, and to show that irritation, which is so much dreaded by many, is not produced, even by the most enormous doses which have sometimes been taken by mistake. This work states an instance of a patient who took by mistake a box of pills containing sixty grains of quinine, and with no other inconvenience than a singing in the ears.

I will not protract this letter by any remarks upon this interesting subject. My object has been to give you a plain and brief account of my own experience and observations in the treatment of fever by large doses of quinine; and, by the statement of facts, together with the corroboration of the evidence of others more experienced than myself, to satisfy those members of the profession who are sceptical on this point; that, quinine is by far the best febrifuge we have in the *Materia Medica*; also, that there is no danger in employing it in what are styled large doses, and that consequently it may be relied upon with more certainty than any other medicine, in the treatment of fever. We are satisfied, that there are many physicians in the South-west who still hold on to the old notions about quinine; who give it only in grain doses, and then only in intermittent fever; and who would not for the world give a grain of it in remittent fever, especially when *the fever is on*; and it is such notions as these that we wish to combat, and to prove by facts and irrefragable evidence, that these notions are entirely incorrect. We believe, that if other gentlemen would write, and every physician who employs large doses of quinine in the treatment of fever, would record and publish the results of his observation and experience, an array of facts and evidence would be presented, which would convince every physician in the country of the truth of our arguments and the correctness of our practice.—*New Orleans Med and Surg. Jour.*

*Passage of Metallic Mercury into the Blood and various Organs of the Body.*—M. OESTERLEN has performed a number of experiments on animals, with the view of determining this point. The results of these are as follows :

1. It is indubitable that mercury may pass, in the metallic state, through the parietes of the blood-vessels, since minute globules of it have been found in the subcutaneous cellular tissue and in the veins permeating it. The globules have never been discovered in the epidermic layers, but only in the deep-seated layers of the dermis, near the blind extremities of the hair-follicles ; also in these follicles and in the sudoriferous canals. 2. The metallic mercury, rubbed on the skin or introduced into the intestinal canal, may give rise to injurious effects, by passing into the current of the circulation. It is not easy to determine in what manner the metallic mercury, when once introduced into the circulation, becomes changed and modified, or how it then acts. At the side of the shining globules, M. Oesterlen always found a number of dark-coloured corpuscles, which resembled a good deal the granules of a mercurial oxyde ; these were found to be not acted upon by alkalis, but to be dissolved slowly in strong nitric acid, after being ground down into a fine powder. In the urine and in the bile, the mercurial globules did not exhibit any appearance of decided change. 3. Minute globules of this metal, in the state of fine division, may traverse the capillaries without producing any inflammatory *stasis* : their presence in the vessels does not seem to influence the formation of the blood or the development of the sanguineous corpuscles. 4. Small quantities of mercury, taken inwardly or applied on the skin, appear to pass chiefly into the parenchymatous substance of the spleen, liver and kidneys, and to be discharged by the last two emunctories.

M. Oesterlen has never been able to detect the presence of any globules in the *cells* of the liver, or in the corpuscles of the spleen, or in the minute tubercles of the kidney ; they were always on the outer surface of these organs. He conjectures that they may have escaped from the anatomical preparation, after it had been put up. He has, however, detected them in the saliva and also in the urine.—*Roser's Archives.*

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*Improved Life Preserver.*—We have lately examined a newly invented Life Preserver, called the *Nautilus*, which appears to us so much superior to any hitherto proposed, and so perfect, that we cannot refrain from commending it to our readers, and, through them, to their friends and the Western public generally ; who from the vast extent and multiplied dangers of our navigable rivers, are deeply interested. It consists of a gum elastic tube several inches in diameter, and long enough, when stretched out, to surround the chest of a man, while, by pressing its ends towards each other, with its aperture open, it is so reduced in length, in diameter remaining the same, that it may be carried in the coat pocket. Within it there are two coiled wires, similar to that within the cushion of a sofa, which, by drawing the ends from each other, have their coils separated, so as to give the



length just mentioned, while the diameter of the tube remains nearly unaltered. Of course atmospheric air flows in through the hole at one end, to which there is a plug or stopper, not to keep the air in but the water out; for as long as that is done, and the tube is kept stretched round the body it necessarily retains its air, and consequently its buoyancy. Should it be punctured, unless the holes be large enough to let water pass in, no harm will be done, for the wires will keep the sides from collapsing. In fact, nothing could be more simple and beautiful than the principle on which it acts; and no one can examine it without feeling confidence in its preserving power. We are not surprised, then, to find it strongly recommended by the American Shipwreck Society, and the American Institute. We hope to see it generally adopted on the lakes and rivers of the interior.—*Western Journal*.

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*Great Malformation of the Heart; a single Auricle and Ventricle.*—During the first six weeks of life, the child (the subject of the present case) seemed to thrive perfectly well; but then the breathing became difficult, and the surface of the face and body to exhibit a bluish hue. At six months, she was seized with convulsions, which were followed by hemiplegia of the right side. This, however, gradually became less and less, and eventually the young sufferer recovered so well, that she could walk about with ease, after the right *tendo Achilles* (which had become contracted) was divided by M. Scutteten. The dyspnœa and cyanosis were always increased upon any exertion; the blue tint was more *prononcé* on the right side. In her sixth year the girl died of an attack of bronchitis. *Dissection.*—The substance of the two ventricles of the heart was nearly of the same thickness throughout. The septum was almost entirely wanting, there being no trace of it except at the lower part. The orifice of the pulmonary artery was separated from that of the aorta only by a small spur, which formed the upper part of the circumference of the inter-ventricular opening. There was only one auriculo-ventricular orifice, common to the two ventricles and two auricles. These last-named cavities were separated from each other by a thin septum, which did not reach as far as this orifice, and therefore was incomplete. The *foramen Botalli* also was so open as to admit the point of the little finger. Thus it was that a free communication existed not only between the cavity of the ventricles and that of the auricles, but also from one auricle to the other. The auriculo-ventricular orifice was provided with a large triangular valve, that was attached to the anterior three-fourths of its circumference, and fixed at its apex to the *columnæ carneæ* on the posterior part of the ventricular parietes. A few *columnæ*, proceeding from both ventricles, were attached to the two lateral borders of the valve.

In this case therefore, although there were distinct vestiges of four cardiac cavities, we may fairly say that the heart was simple—*i. e.* consisting of one ventricle and one auricle—as it exists in Bratachian animals. The presence of a single auriculo-ventricular orifice can leave no doubt on this point.—*Med. Chir. Rev. from Gaz. Med.*

*Case of "Glanders" in the Human Subject.—(Equinia.)*

BY C. SMALLWOOD, M. D., ST. MARTIN.

*History.*—Louis H., married, æt. 42, farmer, of spare habit, given to drink rather freely of spirituous liquors, otherwise healthy; was taken ill on Saturday, 20th April, 1844, with a pain in the head and back of the neck, which prevents him from sleeping.

*Present State.*—Applied this day, 22nd, at 5, p. m., complains of headache, pain in the back of the neck, and limbs; the pain at the back of the neck increased by motion; skin hot; a slight redness and tumefaction of the right eye-lid; pulse 90; tongue moist, covered with a brownish fur; slight thirst; loss of appetite; bowels natural; urine high coloured.

R Hyd. Submur.

Pulv. Antimon. aa gr. v. Fiat. Pulv. S. S.

R Magnes. Sulphat. ℥i.

Acid. Sulphur. Dilut. ℥ij.

Potas. Nitrat. ℥i.

Aquæ. Menth. Piperit. ℥vij. M. Hujus. mist. sumat. cochl. quart. omni hora. donec venter rite solutus fuerit.

R Liq. Plumb. Acetat. Dilut. Ol. Lint. quadruplicat. hoc liquore frigido madefact. partibus inflam. applicent., et sæpissime renoventur.

24th.—His wife applied this day; states the pain in the neck and limbs not alleviated; headache diminished; reports the tumefaction of the eye-lid increased; soreness of the throat; bowels have been freely opened, (by medicines ordered); fæces dark coloured and offensive.

Repetant Mist. et Lotio.

25th. —Visited him this day, at 4, p. m., (about a league distant), the redness and swelling increased, so as to completely close the eye-lid, with great heat; redness does not disappear on pressure; great restlessness; skin hot; pulse 100; difficult deglutition; pharynx and tonsils trumefied and red; increased secretion from the nostrils and saliva; breath very offensive; tongue furred; bowels loose; fæces dark and very offensive.

R Hyd. Submur. gr. xxiv.

Pulv. Opii gr. iij.—Fiat. Massa in Pillul. xij. dividend. Sumatur una omni hora.

*Midnight.*—Complains of intense heat of the head, neck and throat, so much so that he is constantly calling to have cold water applied; a secretion of viscid mucus, of a yellow colour, from his nostrils and throat; the tumefaction extended to both eye-lids; increased difficulty in deglutition and respiration; skin moist; pulse 110; occasional delirium; dejections dark, liquid, and offensive; urine high coloured.

R Tinct. Hyosciami, ℥i.

Mist. Camph. ℥i.—Ft. Haustus S. S.

26th.—1, p. m., swelling of the eye-lid increased so as entirely to prevent vision; skin diminished in temperature; complete inability to swallow; increased secretion from the nose and throat, of a dark colour, and viscid; the swelling has assumed a lurid hue: delirium; tongue coated with a dark fur; vibices; pulse 120, and small; involuntary dejections and very offensive: (endeavoured to force down some wine but could not;) a number of pustules appeared this morning on the legs and body, and



two on the face, as large as those in variola, containing a watery fluid, of a dark red colour; respiration laborious; constant muttering, and picking at the bed-clothes; urine fœtid and dark; skin bathed in perspiration. Ordered wine to be given frequently, and to gargle with wine and water.

27th.—8, a. m., evidently sinking; scarcely able to rouse him; respiration still laborious; has swallowed a few spoonfuls of broth; I forced down some wine; pustules shrunk and livid; secretion from the nose and throat copious and very offensive; cannot swallow. Left a mixture of Ammonia and Camphor, of which, he did not take but one dose.

28th.—Died at 6, a. m.; the friends would not consent to a *post mortem* examination.

*Remarks.*—I did not, until my visit to his house on the 25th, (the third day after he applied in person), suspect the true nature of the disease, but from the train of alarming symptoms then present, I made a more careful inquiry, and it was with some difficulty I succeeded in ascertaining the facts of the case, which left no doubt as to its real nature. The mare from which the contagion was propagated, died shortly afterwards with confirmed glanders. It would appear that my patient was administering a medicinal drink to the animal, 2 or 3 days previous to his illness, and that she snorted some of the drink into his face, to which he paid no attention, and thought so very lightly of it, that he did not even wash his face for some time afterwards; he was assisted in the operation of *drenching* the animal, by his son, who escaped the disease. The mare, during the time she was in his possession, (which was only a short time,) did not communicate the disease to any other of his cattle; she was sold twice afterwards, and died in about 20 days from the death of my patient.

The *diagnostic* marks of the disease, as far as my observation goes, consists of, 1st. The increased secretion of the nose and throat. 2nd, The intense sensation of heat in the head, neck, and throat, (it was most distressing to hear the poor fellow crying out for cold water to be thrown over him). And 3rd. To the heat succeeds a very copious fœtid discharge. The inflammatory symptoms having given way to the typhoid, and, I may add, the pustular eruption.

At a future time I shall recur to this subject.

*St. Martin, Isle Jesus, Oct. 25, 1845.*

[The exceeding rarity of this disease, in this country, (this is the only case of which we have heard), very naturally points to the inquiry, whether professional men, located in other parts of the Province, have met with similar cases. We are exceedingly obliged to Dr. Smallwood, for the above communication, for it has, at least, tended to remove one erroneous impression under which we laboured, that glanders in the human subject was unknown in this Province: not by any means that the disease has not been well recognized in veterinary practice, but that from the influence of climate, its virus had become mitigated, if not destroyed; for we can scarcely imagine that occasions for inoculation are not as frequent here as in Europe.—Eds.]

*The Brit. Amer. Journ. of Med. & Phys. Science.*

*On Goitre in Switzerland, Extract from "Notes of an European Tour."* By Professor F. H. HAMILTON.—I think no one can travel through this Canton, (Valais,) without being convinced that, whatever causes may produce goitre elsewhere, here at least it has its source in poverty, filth, indolence, a meagre, coarse diet, humid air and exclusion from light; causes which, from the peculiar disinclination of the inhabitants to migrate or marry beyond their own Canton, have, by ceaseless inheritance, been accumulating in intensity through a long succession of generations; for the children of goitrous parents and grand parents are generally *born* goitrous, and the intermarriage of persons born goitrous produces a cretin offspring. And we may account for the greater prevalence of goitre here than perhaps in any other part of Europe, from the more perfect combination of the causes enumerated, especially exclusion from pure air and light, the valley being the deepest in Europe, and that portion of it which extends between St. Maurice and St. Martigny being very narrow, and extending directly north and south, is visited by the sun only a few hours of the day; while the parallel mountains which verge the river, and the lofty barrier of Dent du Midi and Dent de Morcles on the north, and St. Bernard on the south, effectually cut off the wind from whatever point it may blow. Here then is a basin of stagnant air which has never been stirred since the mountains took their present form, and which must for ever remain, despite what art or civilization may do, given up to this horrible disease.

Other causes have been assigned for the existence of goitre and cretinism along this valley; none of them, however, will bear examination. The "custom of carrying burdens upon the head" so universal here, is no less universal among the peasantry in nearly all parts of Europe, and if it was adequate to the production of goitre here, it would prove equally adequate elsewhere. The "habitual use of snow water" by the Valaisians cannot be denied, since not only the Rhone itself, but all its small tributaries and even most of the springs, are supplied directly by the glaciers which are for ever above them. Yet how much this has to do with the production of goitre is understood when it is known that a removal to the summits of the mountains where snow water *must* be the sole drink, is the most certain cure of both goitre and cretinism, and that if the transplantation occur sufficiently early it will often effectually prevent their development. Nor can I ascribe any more weight to the large amount of "calcareous, magnesian and silicious particles" which those who drink the waters of the Rhone necessarily receive, and which constantly render the river turbid, and cover its banks with a white sand, since neither lime, magnesia, nor silex have yet been shown to produce goitre. I know many districts in which lime is the only rock and the waters are highly impregnated, and yet the malady in question does not prevail—the same, it is not denied, may be said of many primitive regions. I attach also great importance to the argument that if foreign particles suspended in the water was actually the cause, it would be so easily ascertained, that it could not fail of having been known long since, by confining, either accidentally or intentionally, persons still residing in the valley to snow artificially melted and deprived of all foreign elements. The proof would



be so natural and easy that, I say, it *must* have been made and the doubt resolved.

You remember my suddenly-formed opinion, when I saw both goitre and scrofula at Geneva, that both sprang from the same or similar sources, which opinion I declared I would hold with the privilege of changing if I found occasion hereafter. The opinion is confirmed. I do not say positively that the diseases are the same, but certainly they have like causes and many other points in common. Scrofula is hereditary, so is goitre; goitre occurs oftenest in children of light complexion, flaxen hair, large blue eyes, soft, relaxed fibres, and who present not frequently a precocity of intellect; the same is true of scrofula. Valaisans have what we term a scrofulous look. Many are rickety or otherwise deformed, yet seldom did I see scrofulous enlargement in the absorbant glands of the neck, and, as I believe, because the existence of a tumor often as large as the head and sometimes twice as large, (Dr. Mott says he saw at Martigny one of such magnitude that "the poor woman was obliged to crawl along the floor upon her hands and feet dragging the gigantic dewlap and pendulous mass after her,") serves as a sufficient drain and prevents their development—precisely as the existence of one large scrofulous tumor retards the growth of others, while its removal is followed often by a numerous crop of new sprouts along the whole chain of absorbents. I am aware that *in Scotland scrofula is common and goitre is rare*, but having travelled some among the peasantry of the Highlands and the adjacent valleys, and observed their habits, modes of living, climate, I am convinced that, to say the least, we are not entitled to the inference drawn by Dr. Gibson, that *therefore* scrofula and goitre cannot be confounded.—Precisely the causes which produce goitre in Switzerland, fair complexion, filthy cabins, meagre, coarse vegetable diet, exclusion from air and light, exist also in the valleys of the Scotch Highlands, only in a less degree of intensity—and the only inference which could be legitimately made would be that *these causes operating moderately produce scrofula, and operating more intensely produce goitre*.

Farther, the diseases might seem to have a common source, since they are subject to common remedies. Not to be more particular, I may mention the use of iodine, which is regarded as almost equally a specific for both,—tonics, cleanliness, nutritious and wholesome diet, and also removal into a more clear and invigorating air. I might also add that, while exclusion from light alone has been proven by experiment to produce in dogs "softening of the bones and rickets," (a scrofulous constitution;) so here the goitre extends to dogs, goats, sheep, cattle, horses, &c.—*Buffalo Med. Jour.*

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*On a Venous Pulse in the Veins on the back of the Hand.* By M. MARTIN-SOLON.—M. Martin-Solon's paper on the venous pulse, had not reference to the pulsation seen in the jugular veins, depending on a reflux of blood from the right auricle of the heart, but to a pulsation in the dorsal veins of the hand, synchronous with that of the radial and ulnar arteries. When the veins were pressed at their origins at the fingers, so as to empty

them, no pulsations were detected; but if rendered full and distended, by being compressed as they passed over the wrist, the pulsation was evident. Pressure on the radial or brachial arteries stopped the pulsation. M. Martin-Solon endeavored to show that this pulsation could not depend on some of the veins passing over minute branches of arteries, nor on any slight motion of the subjacent tendons. He found it most constantly present in persons who had been laboring under acute diseases for which they were copiously bled. He therefore attributed this venous pulse to the excessive fluidity of the blood, allowing the impulse from the arteries to be communicated to the veins through the capillaries.—*Ed. Med. Jour., from Bull. de l'Acad. Roy. de Med.*

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*Phenomena of Respiration.* By M. VIERORDT.—M. Vierordt has been making a number of experiments on respiration, and especially on the quantity of carbonic acid exhaled according to the frequency of the respiratory movements. He found that the volume of respired air contained less carbonic acid in proportion as the respirations were more frequent. But the quantity of carbonic acid expired per minute was the same whether the respirations were quick or slow. This law was verified whatever was the quantity of carbonic acid formed per minute,—a quantity, however, which in M. Vierordt at different times varied from 174 to 470 cubic centimetres per minute.—*Ibid. Comp. Ren.*

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*Pulmonary Fistula consecutive on a Scrofulous Necrosis.* By M. GRAPIN.—A young man, 17 years of age, but not apparently more than 12, and of scrofulous parents, when 13 years of age, became affected with scrofulous tumours and abscesses which opened in many parts of the body. On the 30th of July 1844, he was in the last degree of marasmus, with cough, purulent expectoration, and difficult breathing, with diarrhœa. Over the fifth rib of the right side, below the margin of the pectoral muscle, was a considerable sized opening, from which air and purulent matter escaped with a whistling noise during expiration. This had existed for eight months. It was previous to that time an abscess, which had opened and continued to discharge matter ever since. The rib under the opening was carious. There was no symptom of effusion within the chest or of pneumo-thorax. The chest was sonorous on percussion, excepting immediately around this aperture, where the mucous rattle was observable. On the side of the neck was a fistulous opening which communicated with the third and fourth cervical vertebræ, which were carious; œdema of the extremities, swelling of the glands, &c. were present.

On his death it was ascertained that the opening opposite the fifth rib communicated with a sac in the lung, into which one of the larger bronchii entered. The lung at this point was adhered to the chest, and the rib was carious and fractured. In the sac in the lung was found a triangular shaped sequestrum from the rib. The interior of the cavity was lined by a shining membrane apparently continuous with the mucous membrane of the bronchus. Miliary and agglomerations of gray tubercles were found scattered throughout the lungs.—*Ibid. from Arch. Gen. de Med.*







